State of California Department of Consumer Affairs

BOARD OF BEHAVIORAL SCIENCES
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone (916) 574-7830
TDD (916) 322-1700
Website Address: http://www.bbs.ca.gov

MEETING NOTICE

Communications Committee
June 28, 2006

9:30 a.m. – 11:30 a.m.
Sheraton Gateway LAX
6101 West Century Boulevard
Los Angeles, CA 90045

I. Introductions

II. Review and Approve March 29, 2006 Communications Committee Meeting Minutes

III. Strategic Plan Goal #1 – Communicate Effectively With the Public and Mental Health Professionals - Report on Progress

A. Objective 1.1 -- Provide Six Educational Opportunities for Stakeholders and Staff on BBS Budget by July 30, 2006

B. Objective 1.2 -- Distribute a Handbook Outlining Licensing Requirements by December 31, 2006 to 100% of California Schools Offering Qualifying Degrees

C. Objective 1.3 -- Distribute Consumer Publication Regarding Professions Licensed by the Board by June 30, 2007

D. Objective 1.4 -- Achieve 60% on Customer Service Satisfactions Surveys by June 30, 2008

E. Objective 1.5 – Participate Four Times Each Year in Mental Health Public Outreach Events Through June 30, 2010

F. Objective 1.6 – Review and Revise Website Content Four Times Per Year

G. Objective 1.7 – Objective 1.7 Student Outreach

IV. Review and Discuss Frequently Asked Questions (FAQ) From Students

V. Review and Discuss Handbook for Examination Candidates (Draft)

VI. Review and Discuss Chart That Defines Hours Needed for Examination Eligibility

VII. Discuss Future Agenda Topics

Adjournment

Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Items will be considered in the order listed. Times are approximate and subject to change. Action may be taken on any item listed on the Agenda.

THIS AGENDA AS WELL AS BOARD MEETING MINUTES CAN BE FOUND ON THE BOARD OF BEHAVIORAL SCIENCES WEBSITE AT www.bbs.ca.gov

NOTICE: The meeting facilities are accessible to persons with disabilities. Please make requests for accommodations to the attention of Christina Kitamura at the Board of Behavioral Sciences, 1625 North Market Blvd., Suite S200, Sacramento, CA 95834, Telephone (916) 574-7835 no later than one week prior to the meeting. If you have any questions please contact the Board at (916) 574-7830.

State of California
Board of Behavioral Sciences

M e m o r a n d u m

To:	Communications Committee	**Date:**	June 16, 2006
From:	Mona C. Maggio Assistant Executive Officer	**Telephone:**	(916) 574-7841

Subject: Agenda Item I - Introduction of the Committee

The Communication Committee was formed as part of a reorganization of the Board's committees. Each of the Board committees now has express responsibility for overseeing specific goals in the strategic plan recently adopted by the board as well as a general jurisdiction.

This committee is responsible for Goal #1 in the Strategic Plan -- Communicate Effectively With the Public and Mental Health Professionals.

Committee Chair, Karen Pines will introduce Communication Committee Members and ask audience members to introduce themselves.

Communications Committee

Chair – Karen Pines, MFT
Peter Manoleas, LCSW
Joan Walmsley, LCSW

State of California
Board of Behavioral Sciences

M e m o r a n d u m

To: Communications Committee **Date:** June 16, 2006

From: Mona C. Maggio
Assistant Executive Officer
Telephone: (916) 574-7841

Subject: **Agenda Item II - Review and Approve March 29, 2006 Communications Committee Meeting Minutes**

The Committee is asked to approve the minutes of the March 29, 2006 Communications Committee Meeting. (Attachment A)

ATTACHMENT A

State of California Department of Consumer Affairs

BOARD OF BEHAVIORAL SCIENCES
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone (916) 574-7830
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Draft

Meeting Minutes
Communications Committee
March 29, 2006

Ayres Hotel and Suites
325 Bristol Street
Costa Mesa, CA 92626

I. Introductions

The meeting was called to order at 10:00 a.m., and a quorum was established.

Committee Members Present:

Karen Pines, Chair
Peter Manoleas
Joan Walmsley

Staff Present:

Paul Riches, Executive Officer
Mona Maggio, Assistant Executive Officer

Karen Pines welcomed the audience members and encouraged their participation.

II. Review and Approve January 20, 2006 Communications Committee Meeting Minutes

Joan Walmsley moved and Peter Manoleas seconded, for the Committee to accept the minutes of the March 29, 2006 Committee Meeting. The Committee approved the motion.

III. Strategic Plan Goal #1 – Communicate Effectively With the Public and Mental Health Professionals – Report on Progress

Ms. Pines provided the following summary of the strategic objectives and progress made for each objective.

A. Objective 1.1 -- Provide Six Educational Opportunities for Stakeholders and Staff on BBS Budget by July 30, 2006

At the November 2005 Board Meeting, Budget Analyst Paula Gershon presented a budget overview to the Board. Additionally, Ms. Gershon prepared an article entitled *Understanding the Board's Budget* for publication in the Spring 2006 newsletter. A presentation tailored to the public is included during outreach presentations such as student and educator forums.

Staff has identified this objective as being met.

B. Objective 1.2 -- Distribute a Handbook Outlining Licensing Requirements by December 31, 2006 to 100% of California Schools Offering Qualifying Degrees

To meet the immediate needs of examination candidates, staff drafted an informational pamphlet that answers the most commonly asked questions from candidates. The Committee at today's meeting would discuss the pamphlet Examination Information for MFT, LCSW and LEP Candidates. (Agenda item IV).

Peter Manoleas stated there is confusion among the students regarding hours needed to become eligible to sit for the examination. He suggested staff create a chart that breaks down the supervised hours required, work settings, and timeframe for obtaining the hours. A chart would make this issue easier to understand for the students. Mary Riemersma, Executive Director of the California Association of Marriage and Family Therapists (CAMFT), stated CAMFT created a chart to clarify the hours for MFT candidates. The chart is available on the CAMFT website.

The Committee requested staff bring a draft of the revised Candidate Handbook to the June 2006 meeting.

C. Objective 1.3 -- Distribute Consumer Publication Regarding Professions Licensed by the Board by June 30, 2007

Mr. Riches reported that as part of the continuing development of the Outreach Program, the Board has begun the steps to contract with a public relations (PR) firm to assist in the development of pamphlets, handouts, and PowerPoint presentations as well as identify the Board's primary constituency groups and their needs. Staff finalized the Public Relations Statement of Work and Project Deliverables for the Public Relations contract bidding process. Five firms have been sent bid requests. This objective will be discussed more thoroughly once the Board has secured a PR firm and the representative has an opportunity to evaluate the Board's current materials and the needs of the constituents. Mr. Riches hopes to have a contract secured for the 2006/07 fiscal year. Mr. Riches confirmed that publications would be available in multiple languages.

D. Objective 1.4 -- Achieve 60% on Customer Service Satisfaction Surveys by June 30, 2008

Ms. Pines reported that staff has created five surveys to reach the Board's various stakeholders. The surveys would be discussed at today's meeting under Agenda item V.

E. Objective 1.5 – Participate Four Times Each Year in Mental Health Public Outreach Events Through June 30, 2010

Ms. Maggio announced that Mr. Riches and Sean O'Connor will attend the National Association of Social Workers (NASW) Conference on April 21 - 22, 2006 in Los Angeles and she and Mr. O'Connor will attend the CAMFT Conference on May 4 – 7, 2006 In Palm Springs. Board Members will also be in attendance at both events.

Ms. Maggio asked the Committee for input on events the Board should consider attending. Mr. Riches added that we would like to build an inventory of events for future visitation. He also commented that we would focus more on outreach once we have the PR contract in place, have identified the needs of our stakeholders, and have materials available to take to these events.

F. Objective 1.6 – Review and Revise Website Content Four Times Per Year

Ms. Maggio reported that since the quarterly schedule for this objective was implemented and the first quarter's review completed in December, staff found that the unit leads and various staff responsible for various content areas of the website have been forwarding necessary updates to the webmaster on a regular basis rather than waiting until the quarterly time frame to have revisions made to the website.

Staff recommended that this objective be completed every six months rather four times per year. This will be completed so that it coincides with effective dates on legislation that may impact board operations, procedures, contents, processes, forms, etc.

Since the last update was completed in December, the next "bi-annual" review of the overall website will be performed in June.

In addition to identifying the appropriate materials to reach our audience base, the PR contract scope of work will include a review the Board's current Website and suggestions as to a more "user friendly" layout, site map, and appropriate placement of information to assist our stakeholders in locating pertinent information.

IV. Propose New Strategic Plan Objective Under Goal 1: Communicate Effectively With the Public and Mental Health Professionals, Objective 1.7 Student Outreach

Ms. Maggio reported that in November of 2005, Sean O'Connor was appointed as the first Outreach Coordinator at the Board. Among other duties, the Outreach Coordinator visits qualifying degree-granting colleges or universities and presents information to students and faculty on the licensure process. Students and faculty in attendance at student outreach presentations express a strong desire for such outreach efforts to continue.

Ms. Maggio stated that creating a Strategic Plan objective for student outreach will ensure the Board remains committed to serving its student constituent base—the future mental health professionals of California.

Ms. Maggio noted that staff has identified the following Prospective Goals for Student Outreach:

- Twenty-five student outreach events a year, ambitious yet an attainable goal. This is feasible from a staff resources standpoint. The Board has approximately 82 qualifying degree-granting institutions, so in a three-year period nearly all could be reached. Some schools have larger student populations; thus, these schools may require more than one visit in a three-year period. For the six student events conducted thus far, the combined total attendance is approximately 305 students. This total will easily double before the end of the Spring 2006 semester.

- The Spring 2006 academic semester is the first full semester in which the Board has an operational outreach program. From January 19 to May 11, 2006 the Outreach Coordinator scheduled eleven student outreach events. Additional student outreach events are being scheduled. Most student outreach events will occur in the Fall or Spring academic semesters. Some schools have summer programs, so presentations during the summer months will be possible but likely less frequent.

Ms. Pines inquired if Mr. O'Connor will give presentations at schools with a small student population. Ms. Maggio responded that Mr. O'Connor or the host school would extend an

invitation to programs with smaller student populations. Twenty students is the minimum number for the Board to send a representative for a student presentation.

Dino Koutsolioutsos representing Pacific Oaks College asked the Board to define the goal of the student outreach program. Mr. Riches respondent the goal is to educate students on licensure requirements, to demystify the licensing and examination process, reduce examination anxiety and put a "face" on the Board.

Ms. Maggio stated that the success of the Board's student outreach program since the appointment of the Outreach Coordinator warrants consideration for the adoption of a new student outreach objective to the Strategic Plan.

Joan Walmsley moved, and Mr. Manoleas seconded, that the Committee recommend that the board adopt a new Strategic Plan Objective 1.7 Student Outreach. The Committee approved the motion.

V. Review and Discuss Board of Behavioral Sciences' (BBS) Customer Satisfaction Survey

Ms. Pines provided a brief overview of the purpose of the surveys, which is to aid in the Board's goal of improving customer satisfaction levels. Each survey is designed to attain comment from the Board's various stakeholders. The General Survey will be available for request over the phone and at the front counter. Evaluators will mail out the Licensing Surveys with registration packets and initial licensure packets. Enforcement Analysts will mail out the Enforcement Survey when a complaint reaches a conclusion. The Outreach Survey will be available at school and consumer outreach events. The website version of the survey will ask the user to identify with a particular profile (Licensee, Applicant, Consumer) prior to completing the survey.

The Committee provided suggested edits and recommended staff set a baseline to evaluate the response rate and determine how long the surveys will be disseminated.

VI. Review and Discuss Draft Pamphlet Regarding Examination Information for Candidates

Ms. Maggio explained that the employees in the Licensing and Examination Units spend a significant amount of their day answering candidates questions about different aspects of the examination process, and most of these questions are similar in nature, including questions about timelines, preparation courses, and testing accommodations. To assist examination candidates in understanding and preparing for the examination process, staff created an *Examination Information Pamphlet* to answer the most common questions posed to staff. The pamphlet will be sent to examination candidates as an enclosure with the Notice of Examination Eligibility.

The new informative pamphlet answers some of the examination candidate's most frequently asked questions and offers helpful tips for alleviating anxiety on the day of examination. The origin of most of the information in this pamphlet are the Examination Handbooks found on the Board website. Restructuring this information in the format of a pamphlet benefits the candidate because valuable information can be found quickly without having to search through a lengthy handbook.

The pamphlet acts as a supplement to the Examination Handbooks, not an alternative. Employees at the Board expect the distribution of this pamphlet will result in a more informed population of examination candidates.

Ms. Maggio noted that the examination pamphlet will be available on the Board website on the "Forms and Publications" page. The Committee provided suggested edits and recommendations to the pamphlet. Ms. Maggio informed the Committee that before the pamphlet will be disseminated the Board's legal counsel would review the pamphlet.

VII. Update on BBS Outreach Program

Ms. Maggio reported that the Board's Student Outreach Program is very successful. Since January 20, 2006, Mr. O'Connor has presented information on the Board's licensure process to four qualifying degree-granting institutions—three MFT programs and one LCSW program.

Upcoming Student Outreach Events:

California State University (CSU), Long Beach (social work) - March 24-27
University of San Francisco (MFT) - March 29
Pepperdine University, West LA (MFT) - April 4
University of San Francisco, Sacramento (MFT) - April 12
University of San Francisco, Santa Rosa (MFT) - May 9
CSU, Sacramento (social work) - May 11
San Diego State University (social work) - TBA

Ms Maggio noted that the information regarding the new outreach program is now available on the Board website. The webpage identifies how to contact Mr. O'Connor and displays upcoming outreach events. Information similar to what is on the website will also be available in the spring edition of the *BBS News*, which will be released in the near future.

National Association of Social Workers (NASW) Conference

The NASW Conference will be held April 21-22, 2006 at the Los Angles Airport Hilton Hotel. The Board's Outreach Coordinator Sean O'Connor and Executive Officer Paul Riches will attend the conference and have a booth in the exhibit hall to distribute Board publications, and answer questions from the participants. The conference includes a variety of workshops for the participants to attend.

California Association of Marriage and Family Therapists (CAMFT) 42nd Annual Conference

The CAMFT will be held May 4-7, 2006 at the Wyndham Palm Springs. This year's conference is titled Riches of the Desert. The Board's Outreach Coordinator Sean O'Connor, Board Member Joan Walmsley, and Ms. Maggio will attend this event and will be present in the exhibit hall to distribute Board publications, and answer questions from participants.

The conference includes numerous workshops covering a breadth of topics, including the Annual Business Meeting, Legislative Update and Awards presented by Ms. Riemersma.

VIII. Discuss June 9, 2006 Marriage and Family Therapist Consortium Meeting

Ms. Pines announced that Mr. Riches and Ms. Maggio would attend the upcoming Consortium Meeting hosted by Phillips Graduate Institute. The Marriage and Family Therapist (MFT) Consortia are comprised of educators throughout California. In an effort to provide an opportunity for dialog between the Board and educators, the Consortia have offered to host Regional Meetings as a forum to discuss and ask questions related to the education of marriage and family therapy students.

Additionally, Mr. Flores extended an invitation to Board staff to give the MFT Student Outreach Presentation to students and interested parties prior to the Regional Meeting. Kari Frank, Lead Examination Unit Analyst will facilitate the presentation. Ms. Pines encouraged Board Members to attend the Consortium Meeting.

IX. Discuss Future Committee Meeting Agenda Items

Mr. Manoleas gave an overview of the Board sponsored conference, "California's Diverse Consumers: Implications for Licensure – A Working Conference," scheduled for April 28, 2006 at the Clarion Hotel in Sacramento. The focus of the conference and afternoon workshops is to identify specific areas the Board can explore to address cultural and linguistic competence in its licensure and examination processes; how the Board can increase cultural and linguistic competence among existing licensees; and does Board have a role in workforce development to assure equal protection of diverse California consumers. Presenters are: Joe Hayes, Public Policy Institute of California; Dr. Sergio Aguilar-Gaxiola, UC Davis School of Medicine; Rachel G. Guerrero, LCSW, Chief Office of Multicultural Services, California Department of Mental Health; Peter Manoleas, Board Chair; and Paul Riches, Board Executive Officer. Board members will also be in attendance.

Ms. Pines inquired about Board reappointments. Mr. Riches stated he has been in contact with the Department of Consumer Affairs Administrative Office requesting timely appointments. He discussed the reappointment process for those Board Members seeking reappointment. He reported that Board Members could serve for 60 days after their term expires. Mr. Riches stated the August Board Meeting has been rescheduled to July 27–28, 2006 in San Diego to help ensure a quorum.

Ms. Pines noted that the next Committee meeting would be held on June 28, 2006.

The meeting adjourned at 12:05 p.m.

State of California
Board of Behavioral Sciences

M e m o r a n d u m

To: Communications Committee **Date:** June 20, 2006

From: Mona C. Maggio **Telephone:** (916) 574-7841
Assistant Executive Officer

Subject: **Agenda Item III - Strategic Plan Goal #1 - Report on Progress**

Goal #1 - Communicate Effectively With the Public and Mental Health Professionals.

Objective 1.1 -- **Provide Six Educational Opportunities for Stakeholders and Staff on BBS Budget by July 30, 2006.**

Background
In an effort to demystify the state budget process, staff will present updates as part of its educational opportunities to its stakeholders.

Update
Ms. Gershon prepared an article *Understanding the Board's Budget* for the Spring 2006 newsletter. A presentation tailored to the public is included during outreach presentations such as student and educator forums.

Staff has identified this objective as being met.

Objective 1.2 -- **Distribute a Handbook Outlining Licensing Requirements by December 31, 2006 to 100% of California Schools Offering Qualifying Degrees.**

Background
The Board identified a need to provide students and educators with an outline of examination and licensing requirements to assist students in their education and career development.

Update
Staff is currently reviewing the formerly used "Frequently Asked Questions" information, which will serve as a basis for the handbook. To meet the immediate needs of examination candidates, staff drafted a pamphlet that answers the most common asked questions from candidates. The Committee reviewed the pamphlet at its March 29, 2006 meeting. Suggested edits were made and the pamphlet is now included with the notice to candidates informing them of their eligibility to sit for the written examination.

Objective 1.3 -- Distribute Consumer Publication Regarding Professions Licensed by the Board by June 30, 2007.

Background
The Board identified a need to provide information to its stakeholders regarding various services, i.e., complaint process, licensing process, examinations, how to select a therapist, etc.

Update

As part of the continuing development of an Outreach Program, the Board will contract with a public relations firm to assist in the development of brochures, handouts, PowerPoint presentations and restructure the Board's Web site, as well as identify the Board's primary constituency groups and their needs. Staff finalized the Public Relations Statement of Work and Project Deliverables for the PR contract bidding process. In mid-May, Staff met with the PR firms that submitted proposals for consideration. Staff is currently finalizing the selection process and is hopeful that a PR firm will be secured by the end of the 2005/06 Fiscal Year.

Objective 1.4 - Achieve 60% On Customer Service Satisfaction Surveys by June 30, 2008.

Background
At the Strategic Planning meetings, it was determined that good customer service is essential in meeting goal #1: to Communicate Effectively With the Public and Mental Health Professionals. This objective was created to measure the level of customer satisfaction with Board activities. The purpose of the surveys, which is to aid in the Board's goal of improving customer satisfaction levels.

Status

At the March 29, 2006 meeting, the Committee reviewed and provided edits to the draft surveys. Each survey is designed to attain comment from the Board's various stakeholders. The General Survey will be available for request over the phone and at the front counter. Evaluators will mail out the Licensing Surveys with registration packets and initial licensure packets. Enforcement Analysts will mail out the Enforcement Survey when a complaint reaches a conclusion. The Outreach Survey will be available at school and consumer outreach events. The website version of the survey will ask the user to identify with a particular profile (Licensee, Applicant, Consumer) prior to completing the survey.

The survey is now available on the Board's web site. The other surveys are being disseminated as identified above.

Objective 1.5 -- Participate Four Times Each year in Mental Health Public Outreach Events Through June 30, 2010.

Background

In an effort to expand its outreach and provide effective communication to the public and mental health professionals, the Board determined that it should participate in mental health public outreach events four or more times per year.

Status

Part of the PR firms' responsibilities will be to help identify the appropriate mental health outreach events. Staff has participated in a number of events that has provided an opportunity to communicate the Board's mission and vision with its various stakeholders: On April 21-22, 2006, Sean O'Connor, Outreach Coordinator and Paul Riches, Executive Officer represented the Board at the NASW Conference in Los Angeles. The Board had a booth with handouts of information on license renewal, continuing education requirements, supervision, and advertising guidelines among other topics. Traffic at the booth was steady as the Board representatives answered questions from conference attendees on a variety of Board related topics. On May 4-7, 2006,Mr. O'Connor, Program Manager Kim Madsen and board member Joan Walmsley represented the Board at the CAMFT Annual conference in Palm Springs. Again the Board had a booth with handouts similar to those distributed at the NASW conference. Many of those in attendance at both conferences expressed gratitude for the Board having representation at these events.

On April 28, 2006 the Board hosted "California's Diverse Consumers: Implications for Licensure – A Working Conference." This day long event consisted of presentations by Joe Hayes, Public Policy Institute of California; Dr. Sergio Aguilar-Gaxiola, UC Davis School of Medicine and Rachel G. Guerrero, LCSW Chief Office of Multicultural Services, California Department of Mental Health, Peter Manoleas, Chairman of the Board and Paul Riches, Executive Officer. Staff has categorized the participants suggestions into the following groups: 1) general ideas for the Board to consider; 2) topics for schools and students; 3) requirements to become licensed; 4) board examinations; 5) requirements for current board licensees; 6) research; 7) board professions; 8) workforce; and 9) other/resources. Staff will discuss which topics are appropriate for the Board to address and which topics might best be addressed by other entities.

Additionally, Mr. Riches and staff participate in the quarterly MFT Consortiums with educators and students; and Staff and Board Members are participating on the various workforce groups as part of the Mental Health Services Act.

Objective 1.6 -- Review and Revise Website Content Four Times Per Year.

Staff has identified this as an ongoing objective and recommends the

"review and revise website content" be completed every six months rather four times per year. This will be completed so that it coincides with effective dates on legislation that may impacts board operations, procedures, contents, processes, forms, etc.

Background

One of the goals of the 2005 Strategic Plan is to communicate effectively with the public and mental health professionals. The BBS Website provides valuable information regarding various Board services, regulatory functions, examinations, enforcement, licensing, licensee status, etc.

Status

Since the quarterly schedule for this objective was implemented and completed in December, we have found that the leads and various staff responsible for various content areas of the website have been forwarding necessary updates to the webmaster on a regular basis rather than waiting till the quarterly time frame to have revisions made to the website.

Since the last update was completed in December, the next "bi-annual' review of the overall website is in progress during the month of June.

One task the PR firm will perform is to review our current Website and make suggestions as to a more “user friendly” layout, site map, and appropriate placement of information to assist our audiences in locating the pertinent information they need.

Objective 1.7 **Student Outreach**

Staff determined that the success of the Board's Student Outreach Program warranted consideration for the adoption of a new student outreach objective to the Strategic Plan.

At its May 18, 2006 meeting, the Board adopted a new Strategic Plan Objective 1.7 – Student Outreach.

Objective defined: Conduct 25 student outreach events per fiscal year at qualifying degree-granting colleges and universities by June 30, 2010.

Measure: Number of student outreach visits completed in a 12-month period.

Team Members: Sean O'Connor, Kim Madsen

Prospective Goals for Student Outreach

Twenty-five student outreach events a year is an ambitious yet attainable goal. This is feasible from a staff resource standpoint. The Board has approximately 82 qualifying degree-granting institutions, so in a three-year period nearly all could be reached. Some schools have larger student populations; thus, these schools may require more than one visit in a three-year period. The Board will invite schools with smaller student populations to attend presentations at schools in close proximity. For the eight student events conducted thus far, the combined total attendance is approximately 340 students.

The Spring 2006 academic semester is the first full semester in which the Board has had an operational outreach program. Twelve events have been scheduled, eight visits completed. Most student outreach events will occur in the Fall or Spring academic semesters. Some schools have summer programs, so presentations during the summer months will be possible but likely less frequent. The response to the student outreach is overwhelmingly positive.

Status

Mr. O'Connor presented to a group of MFT interns and trainees at the Whitehouse Counseling Center in Sacramento. On June 9, 2006, Kari Frank, Lead Analyst in the Licensing Unit gave a student presentation in conjunction with the MFT Consortium Meeting held at Phillips Graduate Institute. Mr. Riches, Ms Maggio and Board Members, Dr. Ian Russ and Karen Pines also attended. Scheduled outreach events: July 8, 2006 – University of San Francisco, Sacramento Campus (MFT program) and August 17, 2006 – California State University, Chico (MFT program).

State of California

Memorandum

To: Communications Committee **Date:** June 21, 2006

From: Sean O'Connor
Board of Behavioral Sciences **Telephone:** (916) 574-7863

Subject: **Agenda Item IV - Frequently Asked Questions (FAQ) From Students**

ASW/MFT Intern and Trainee Frequently Asked Questions Publications

Currently, the Board of Behavioral Sciences (BBS) has two publications in the review stage that should be ready for distribution in the Fall 2006. The intent behind these Frequently Asked Questions (FAQ) publications is to offer information to individuals gaining their hours in a logical format with understandable language.

Previous BBS distributed FAQs contained direct language from the Statutes and Regulations book. This approach, while informative, can intimidate and confuse readers looking for an alternative to the legal language of the Statutes and Regulations.

The new FAQ publications offer answers in clear language along with citations from the sections of law from which the author pulled the information. This approach proves less intimidating to readers while offering those who would like to read directly from the law an opportunity to do so.

Among the highlights of this publication include a breakdown of the required hours of experience for both Marriage and Family Therapist (MFT) and Licensed Clinical Social Worker (LCSW) licensure candidates (Agenda Item VI).

Once finalized, the publications will be available on the BBS website, by request from the office, at outreach events, and in registration packets for Associate Clinical Social Workers and Marriage and Family Therapist Interns.

Student Handbook

The BBS is also working on a student handbook to be distributed to LCSW, Licensed Educational Psychologists (LEP), and MFT schools. This handbook, like the FAQ publication, will be aimed at offering valuable information to the students on the BBS licensure process.

This handbook is still in the early conceptual stages. Composition of drafts will commence in July, and the handbooks should be available for distribution to schools in the Fall 2006.

Staff conceptualizes that the LCSW and MFT handbooks will have four sections explaining: 1) what candidates need to do while in school, 2) after graduation, 3) while they gain hours, and 4) while they are in the examination process. The LEP handbook's structure will follow a similar

formula, but will differ slightly as candidates follow a different path from that of LCSW and MFT candidates. The handbook will follow a logical “step-by-step” approach. Emphasis in composition will be placed on concise language and readability.

Attachments

A. MFT FAQ
B. LCSW FAQ

ATTACHMENT A

State of California Department of Consumer Affairs

Answers to Most Frequently Asked Questions Relating to Marriage and Family Therapist Trainees and Interns

Board of Behavioral Sciences
1625 N Market Blvd Suite S-200
Sacramento CA 95834
(916) 574-7830
http://www.bbs.ca.gov

Table of Contents

Vision

Strong minds, strong lives, strong families through quality mental health professionals

Mission

To protect the well being of Californians by setting standards for mental health professionals through effective communication, education, examination, licensing and enforcement.

Values

The BBS Way:
B*e a person of Integrity*
B*e Professional and Dedicated*
Serve with Excellence

1. What is the breakdown for the required hours of experience for Marriage and Family Therapist (MFT) licensure?	The Board requires 3,000 hours of supervised professional experience and 104 weeks of supervision to qualify for MFT licensure. Of the 104 supervised weeks required, 52 weeks must be weeks in which the applicant received at least one (1) hour of one-on-one, individual, face-to-face supervision. A supervised week is any week in which a Trainee or Intern meets with an individual supervisor for one hour (1) or a group supervisor for two (2) hours. The required 3,000 hours of supervised experience must conform to the following breakdown: ***Counseling Hours*** Individual Psychotherapy (no Min or Max hrs) Couples, Family, and Children (Min 500 hrs) Group Therapy or Counseling (Max 500 hrs) Telephone Counseling (Max 250 hrs) ***Non Counseling Hours*** Administering and Evaluating Psychological Tests, Writing Clinical Reports, Writing Progress or Process Notes (Max 250 hrs) Workshops, Seminars, Training Sessions or Conferences (Max 250 hrs) Personal Psychotherapy Received (Max 100 hrs triple counted as 300) The maximum amount of work experience that a Trainee or Intern may count in a given week is 40 hours. Personal Psychotherapy received does not count as work experience. *Statutes and Regulations cited: B&P Code Section 4980.43(a)(1,2,8-11); CCR Section 1833(a)(1-6)(b)(1,2)(c)(1,2)*
2. What types of hours can I count as a Trainee?	The maximum number of hours a person can earn while a Trainee is 1,300 hours. These hours breakdown as follows: Counseling Hours and Supervision Time (Max 750 hrs) Workshops, Seminars, Training Sessions or Conferences (Max 250 hrs) Personal Psychotherapy Received (Max 100 hrs triple counted as 300) *Statutes and Regulations cited: B&P Code Section 4980.43(a)(4)(A-C)*

3. What is the maximum number of hours of supervision I can count in a week?	No more than five (5) hours of supervision, whether individual or group, shall be credited during a single week. *Statutes and Regulations cited: CCR Section 1833(b)(1)*
4. Where do I record Personal Psychotherapy hours?	The Board does not have a specific form for recording Personal Psychotherapy hours. Personal Psychotherapy hours are logged on the MFT licensure application. This application is on the "Forms and Publications" section of the website.
5. What is the 6-year rule?	The Board cannot accept hours of experience older than six (6) years from the time a person applies for MFT licensure. The only exception to this rule is a maximum of 500 hours of practicum work experience from an applicant's degree program. Practicum hours are not disqualified for being too old. For example, Applicant A sends in an application for MFT licensure, and the Board receives this application on March 24, 2006. The Board will only accept hours earned between March 24, 2000 and March 24, 2006. Of course, up to 500 hours of practicum work experience for Applicant A will always be acceptable to the Board. *Statutes and Regulations cited: B&P Code Section 4980.43 (a)(6)*
6. Do I need to separate hours gained pre-degree from hours gained post-degree?	The Board encourages applicants for MFT licensure to keep pre-degree and post-degree hours on separate Experience Verification forms. Law does not require this, but doing so decreases the processing time for applications.
7. What is the difference between the supervision ratios for MFT Interns and Trainees?	As a Trainee, an individual needs to receive at least one hour of individual supervision contact or two hours of group supervision contact for every five (5) hours of direct client contact. All post degree hours require one hour of individual supervision or two hours of group supervision for every ten (10) hours of direct client contact. **Note:** These ratios apply only to client contact hours (Individual Psychotherapy; Couples, Family, and Children; Group Psychotherapy; and Telephone Counseling) *Statutes and Regulations cited: B&P Code Section 4980.43 (c)(1,2,4)*

8. Can I count hours after I graduate but before I receive an Intern registration number?	Applicants for Intern registration can count hours obtained post-degree but before issuance of an Intern registration number ONLY if the applicant applies for Intern registration within 90 days of the qualifying degree conferral date. No exceptions will be granted. Any applicant applying later than 90 days from degree conferral will not be able to count any hours of post-degree experience until issuance of an Intern registration number. *Statutes and Regulations cited: B&P Code Section 4980.43 (f)(g)*
9. Can I begin work in a Private Practice setting without having an Intern registration number?	A private practice setting is a place of business that lawfully and regularly provides mental health counseling or psychotherapy and is owned by a licensed marriage and family therapist, a licensed clinical social worker, a licensed clinical psychologist, a licensed physician and surgeon, or a professional corporation of any of these professions. Trainees cannot work in a private practice setting. Registered Interns can be employees in a private practice setting. *Statutes and Regulations cited: B&P Code Section 4980.43 (d)(1)(C)(e)(2); CCR Section 1833 (d)(2)*
10. Who can supervise MFT Interns or Trainees?	Only licensed mental health professionals can supervise Trainees and Interns. Licensed mental health professionals include licensed marriage and family therapists, licensed clinical social workers, licensed clinical psychologists, and licensed physicians certified in psychiatry by the American Board of Psychiatry and Neurology. Additionally, the supervisor must maintain a current valid California license. The supervisor must have held that license for at least two (2) years, practiced psychotherapy for at least two years within the last five-year period immediately preceding supervision and averaged at least five patient/client contact hours per week. The Board requires supervisors of Trainees and Interns to complete a minimum of six (6) hours of supervision training or coursework every two years. *Statutes and Regulations cited: B&P Code Section 4980.03(g)(1-5); CCR Section 1833.1*

11. When do I need to send in supervisory forms?	Responsibility Statement forms and MFT Experience Verification forms shall be sent with an applicant's MFT licensure application. These forms are not required before that time. Weekly Summary of Hours of Experience forms only need to be sent if a MFT Evaluator at the Board specifically requests an applicant in writing to do so. *Statutes and Regulations cited: CCR Section 1833(e); 1833.1(b)*
12. How many people can participate in a session of group supervision?	Group supervision sessions shall include no more than eight (8) persons. *Statutes and Regulations cited: B&P Code Section 4980.43(c)(3); CCR Section 1833(b)(1)*
13. What pre-licensure coursework do I need to complete prior to licensure?	In addition to holding a qualifying degree, an applicant for licensure must complete specific pre-licensure required courses prior to submitting an application for MFT licensure. These courses include: • Child Abuse Assessment and Reporting (7 hrs) • Human Sexuality (10 hrs) • Alcoholism and Chemical Substance Abuse Dependency (15 hr/1 semester unit; must be within the qualifying degree program) • Spousal/Partner Abuse (must be within degree program; must be 15 hours for those after 1/1/2004) • Psychological Testing (2 semester or 3 quarter units) • Psychopharmacology (2 semester or 3 quarter units) • California Law and Professional Ethics (2 semester or 3 quarter units) • Aging and Long Term Care (10 hrs for those after 1/1/04) **Note:** The dates above refer to when a person enters his or her degree program. *Statutes and Regulations cited: B&P Code 4980.39, 4980.41; CCR Section 1807,1807.2,1810*
14. What color ink can I use on Board forms?	The Board does not require applicants to use any particular color of ink on forms.

15. Do I need to take all pre-licensure required coursework prior to submitting an MFT Intern registration application package?	No. An applicant can apply for MFT Intern registration without having completed all the required pre-licensure additional coursework. Pre-licensure coursework only needs to be complete at the time a person applies for licensure.
16. Can I work in a private practice setting with my second Intern registration number?	No. If an individual applies for and receives a second MFT Intern registration, he or she cannot work in a private practice setting with that second intern registration number *Statutes and Regulations cited: B&P Code 4980.44(b)*
17. Can I practice as a 1099 contractor while a Trainee or Intern?	No. Only a licensed marriage and family therapist practicing within the scope of practice for MFTs may be paid on a 1099. All Interns and Trainees must be a paid employee of an agency or a volunteer. *Statutes and Regulations cited: B&P Code 4980.43 (b); CCR Section 1833(d)(3)*
18. Do I need to maintain a current Intern registration number to participate in the examination?	The Board does not require an examination candidate to maintain a current registration number in order to take the licensing examination. However, many employers do require a current registration number to remain employed. The Board advises applicants to consult with their employer prior to allowing an Intern registration to expire.
19. Once I pass my exams, can I start practicing independently?	No. A successful examinee still must submit an MFT Initial License application form and fee before the Board will issue a marriage and family therapy license. Independent practice cannot begin until a license is issued. *Statutes and Regulations cited: B&P Code Section 4980(b)*
20. Must I continue to have supervision while in the exam process?	All applicants, trainees, and registrants must be receiving supervision from an acceptable licensed mental health professional. Once issued a license, an individual no longer needs to be under supervision. *Statutes and Regulations cited: B&P Code Section 4980.43(b)(c)*
21. Does my supervisor need to be on-site?	Only in a private practice setting does a supervisor need to be employed with, and practice at, the same site as the applicant's employer. In a setting that is not a private practice, the supervisor may be employed with the registrant's employer on either a paid or voluntary basis. An off-site supervisor must sign a letter of agreement with the agency employing the applicant. *Statutes and Regulations cited: CCR Section 1833 (b)(4)(d)(1)*

22. Do I need to resubmit fingerprints with my MFT Licensure application?	If you have a current MFT Intern registration number at the time the Board receives your application for MFT licensure, you will not need to redo your fingerprints for the Board. If you do not have an open file with the Board, fingerprints will be necessary.
23. As a Trainee, when can I begin counting pre-degree hours of work experience?	A Trainee can only begin counting hours of experience if both the following requirements are met: 1. The student must have completed a minimum of 12 semester or 18 quarter units in a qualifying MFT degree program. 2. The Trainee must have a written agreement between the school and each work site that details each party's responsibilities, including the methods by which supervision shall be provided. *Statutes and Regulations cited: B&P Code Section 4980.03 (c); 4980.42*

ATTACHMENT B

State of California Department of Consumer Affairs

Answers to Most Frequently Asked Questions Relating to Associate Clinical Social Workers

Board of Behavioral Sciences
1625 N Market Blvd Suite S-200
Sacramento CA 95834
(916) 574-7830
http://www.bbs.ca.gov

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Vision

Strong minds, strong lives, strong families through quality mental health professionals

Mission

To protect the well being of Californians by setting standards for mental health professionals through effective communication, education, examination, licensing and enforcement.

Values

The BBS Way:

B*e a person of Integrity*
B*e Professional and Dedicated*
Serve with Excellence

1. What is the breakdown for the required hours of experience to be a Licensed Clinical Social Worker (LCSW)?	The Board requires 3,200 hours of professional experience and 104 supervised weeks to qualify for a license as a clinical social worker. Of the 3,200 hours required, 1,700 must be gained under the supervision of a LCSW. Of the 104 supervised weeks required, 52 weeks must be weeks in which the applicant met with an individual supervisor. Of the 52 required individual supervision weeks, 13 weeks must be under a LCSW. A supervised week is a week in which an Associate Clinical Social Worker (ASW) meets with a supervisor for either one (1) hour or individual or two (2) hours of group supervision. An applicant for licensure cannot be approved to sit for the licensing exam without completing both the 3,200 hours of professional experience AND the 104 required supervised weeks. One (1) hour of individual or two (2) hours of group supervision is mandatory for any week from which the applicant claims experience. No more than 40 hours of experience can be earned in any given week. The Board requires a **minimum** of 2,000 hours of experience in clinical psychosocial diagnosis, assessment, and treatment, including psychotherapy or counseling. Of these 2,000 a minimum of 750 shall be face-to-face individual or group psychotherapy.* The Board allows for a maximum of 1,200 hours in client-centered advocacy, consultation, evaluation, and research. *The 750 mandatory client-contact hours does not apply to those individuals who registered prior to 1/1/02. For those registered prior to 1/1/99, please contact an LCSW evaluator for questions regarding breakdowns for the required hours of experience. *Statutes and Regulations cited: B&P Code Section 4996.21(a)(1,2)(d); 4996.21(f)(2); 4996.23 (f)*
2. When can my hours begin counting towards the LCSW licensing requirements?	Hours of work experience and supervision can only begin counting after the issuance of an ASW registration number. The law does not allow the Board to grant exceptions. *Statutes and Regulations cited: B&P Code Section 4996.18(a); 4996.21(f)(2); 4996.23(f)*

3. Who is eligible to supervise Associate Clinical Social Workers (ASW)?	Only licensed mental health professionals may supervise ASWs. Licensed mental health professionals include Marriage and Family Therapists (MFT), LCSWs, Licensed Clinical Psychologists, and licensed physicians certified in psychiatry by the American Board of Psychiatry and Neurology. Additionally, the supervisor must maintain a current valid California license. If the supervisor is a LCSW or MFT, the supervisor must complete a one-time fifteen (15) hour course in supervision. Licensed Clinical Psychologists and physicians certified in psychiatry do not need to take the supervision course. The supervisor also must have practiced psychotherapy in two (2) of the last five (5) years. If the supervisor is a MFT, Clinical Psychologist, or licensed physician certified in psychiatry, he or she must wait two (2) years after receiving a license before supervising ASWs. *Statutes and Regulations cited: CCR Section 1870; 1874*
4. What is the maximum number of hours of supervision I can gain in a week?	No more than five (5) hours of supervision, whether individual or group, shall be credited during any single week. *Statutes and Regulations cited: B&P Code 4996.23 (c)(2)*
5. What is the six-year rule?	The Board cannot accept hours of experience older than six (6) years from the time a person applies for a LCSW license. The law does not allow the Board to grant exceptions. For example, Applicant A sent in an application for LCSW licensure, and the Board received the application on 4/3/2006. The Board will only accept the experience gained between 4/3/2000 and 4/3/2006 towards the experience requirement. *Statutes and Regulations cited: B&P Code Section 4996.20(a); 4996.21(a)(3); 4996.23(a)(4)*
6. How does the ratio of supervision hours to client contact hours work for the required 750 hours of direct psychotherapy or counseling?	Only ASWs registered with the Board after January 1st 2002 need to accumulate 750 hours of direct psychotherapy or counseling work experience. These ASWs will be required to gain one (1) hour of individual supervision or two (2) hours of group to cover their first 10 hours of face-

	to-face psychotherapy and all other applicable categories of experience in a given week. If the ASW accumulates more than 10 hours of direct psychotherapy in a given week, he or she will need to obtain an additional hour of individual supervision or two (2) hours of group supervision to cover the direct face-to-face psychotherapy time over 10 hours for the week. For example, Applicant B accumulates 16 hours of direct psychotherapy in a week. Usually, this applicant receives only one (1) hour of individual supervision, but for this week, the applicant needs to gain an additional hour of individual supervision or two (2) hours of group supervision to cover the extra 6 hours of direct psychotherapy time. However, Applicant C accumulates only 8 hours of direct psychotherapy in the same week. This applicant will not be required to gain additional supervision for the week over the minimum one (1) hour of individual or two (2) hours of group supervision. The one (1) hour of individual supervision this applicant receives for the week covers up to the first 10 hours of psychotherapy and all other applicable work experience for the week. For additional questions regarding this requirement, please contact the Board of Behavioral Sciences. *Statutes and Regulations cited: B&P Code Section 4996.23(c)(2)*
7. When do I need to send in supervisory forms?	All supervisory forms (Responsibility Statements, Supervisory Plans, and Experience Verification forms) are to be submitted with an Associate's application for LCSW licensure. Associates **do not** need to submit any of these forms before applying. *Statutes and Regulations cited: B&P Code Section 4996.21(e); 4996.23 (c)(1)(d); CCR Section 1870(a); 1870.1*
8. Does an extension of my ASW registration number extend my six-year rule?	No. Applying for and receiving an extension on an ASW registration number does not extend the six-year rule. The Board can only accept the hours that fall within the most recent six years from the time a person applies for licensure. For example, Applicant B applied for and received two one-year extensions on his Associate Clinical Social Worker registration number. His current expiration date is 10/31/2006, and he was originally

	registered on 10/28/1998. Applicant B applies for LCSW licensure and the Board receives her application on 5/31/2006. The Board will only accept the hours gained in the period from 5/31/2000 to 5/31/2006. *Statutes and Regulations cited: B&P Code Section 4996.18(c); 4996.20(a); 4996.21 (a)(3); 4996.23 (a)(4)*
9. What pre-licensure coursework do I need to take prior to submitting an application for licensure?	In addition to possessing a Masters in Social Work from an accredited school of social work, an applicant for licensure must complete specific pre-licensure required courses prior to submitting an application for LCSW licensure. These courses include: • Child Abuse Assessment and Reporting (7 hrs) • Human Sexuality (10 hrs) • Alcoholism and Chemical Substance Abuse Dependency (15 hrs) • Spousal/Partner Abuse (no hour requirement for those prior to 12/31/2003; must be 15 hours for those after 1/1/2004) • Aging and Long Term Care (10 hrs for those after 1/1/2004) **Note:** The dates above refer to when a person enters his or her degree program. *Statutes and Regulations cited: B&P Code Section 4996.2(e)(f)(g)(h); 4496.25; CCR Section 1807; 1807.2; 1810*
10. Do I need to have the pre-licensure coursework requirement complete prior to applying for ASW registration?	No. All pre-licensure coursework needs to be submitted at the time a person applies for LCSW licensure. Associates can complete the required pre-licensure courses while gaining hours towards licensure. *Statutes and Regulations cited: B&P Code Section 4996.2(e)(f)(g)(h); 4996.25; CCR Section 1807; 1807.2; 1810*
11. Do I need to take my pre-licensure required coursework at a university?	No. Pre-licensure required coursework may be completed through an accredited college or university, continuing education provider approved by the Board, or a county or governmental entity. The Board does accept web based approved continuing education providers. A list of web based providers is on the BBS website: (http://www.bbs.ca.gov/bbsforms.htm) *Statutes and Regulations cited: B&P Code Section 4996.2(e)(f)(g)(h); 4496.25; CCR Section 1807; 1807.2; 1810*

12. Do I need to send in originals of my W-2s or most recent pay stub with my application for licensure?	Photocopies of W-2s are acceptable. These are to be sent with the LCSW licensure application at the time a person applies for licensure. For the current tax year, applicants are to include a photocopy of their most recent pay stub. W-2s are required for all prior tax years from which the applicant claims experience. *Statutes and Regulations cited: B&P Code Section 4996.21(f)(6); 4996.23(j)*
13. Can I be paid on a 1099 basis as an Associate?	No. All ASWs must be paid on W-2s from the employer or be a volunteer. Associates cannot bill clients directly. *Statutes and Regulations cited: B&P Code Section 4996.20(c)(2); 4996.21(h)(1); 4996.23(l)(1)*
14. Do I need to resubmit my fingerprints when I apply for LCSW licensure?	LCSW applicants who still possess a current ASW registration number at the time the Board receives the LCSW application for licensure do not need to resubmit fingerprints.

State of California
Board of Behavioral Sciences

M e m o r a n d u m

To:	Communications Committee	**Date:**	June 20, 2006
From:	Mona C. Maggio Assistant Executive Officer	**Telephone:**	(916) 574-7841

Subject: Agenda Item V – Review and Discuss Handbook for Examination Candidates (Draft)

Staff has begun its initial review and suggested revisions to the Licensed Clinical Social Worker (LCSW) Standard Written Examination Candidate Handbook. Staff has reorganized the information so that what will interest the examination candidate most appears first in the handbook. The shaded areas represent information that is being researched to determine if that area needs to be revised.

Today's meeting provides an opportunity for the Committee to offer suggested revisions, additions and organization of the handbook. Any changes to the LCSW handbook will be incorporated to the MFT handbook where applicable.

Attachment
A. LCSW Standard Written Examination Candidate Handbook

ATTACHMENT A

California Board of Behavioral Sciences

LICENSED CLINICAL SOCIAL WORKER STANDARD WRITTEN EXAMINATION CANDIDATE HANDBOOK

For Examinations December 1, 2005 and Later

DRAFT

REVISED 06/06

CONTENTS

FOR MORE INFORMATION

All questions about examination scheduling should be directed to:

Thomson Prometric
1260 Energy Lane
St. Paul, MN 55108

TDD User: 800.790.3926
Voice: 800.897.2046
Web site: www.experioronline.com

Questions about examination content or licensing should be directed to:

Board of Behavioral Sciences
1625 North Market Blvd., Ste. S200

Sacramento, CA 95834
916.574.7830
Web site: www.bbs.ca.gov

GENERAL GUIDELINES AND THE EXAMINATION PROCESS

Objective of the Board of Behavioral Sciences (BBS)

As a state licensing board, the BBS has a mandate to protect the public through the development of examinations to determine minimum competency for licensure.

Candidates must pass a Standard Written Examination and a Written Clinical Vignette Examination prior to the issuance of a license.

The examination tests a candidate's knowledge, professional skills, and ability to make judgments about appropriate techniques and methods as applicable to the LCSW Scope of Practice (California Business and Professions Code Section 4996.9)

The Examination Process

EXAMINATION ADMINISTRATION THROUGH THE TESTING VENDOR

Thomson Prometric currently holds the contract with the State of California to conduct its examination program. Thomson Prometric offers the LCSW examinations at eight different California testing centers. To find the location of the test site center closest to you, please turn to the end of this handbook (page 28).

All questions and requests for information about examination administration should be directed to:

Thomson Prometric

1260 Energy Lane

St. Paul MN 22108

800.897.2046

TDD User: 800.790.3926

1. SCHEDULING THE EXAMINATION

Upon notice of your eligibility, which would be printed on the back of this handbook along with your personal information, you may call Thomson Prometric at 800.897.2046 to schedule your Standard Written Examination (original or retake). You may take your examination at any of the approved test site centers in the back of this handbook. Appointments are available six days per week at most centers. Be sure to schedule your examination early to receive your preferred date.

YOU MUST TAKE YOUR EXAMINATION NO LATER THAN ONE YEAR FROM THE DATE YOU BECAME ELIGIBLE.

If you want to reschedule your examination appointment, you must contact Thomson Prometric THREE FULL WORKING DAYS before your scheduled date to reschedule the examination.

2. CHECKING IN AT THE EXAMINATION TEST SITE

Plan on arriving at the test site center AT LEAST 15 minutes before your scheduled appointment to sign in, verify your identification, and have your photo taken.

You must provide **valid** photo identification at the test site. Failure to provide appropriate identification at the time of the examination is considered a missed appointment.

Your identification must meet the following criteria:

- Be government issued (driver's license, state-issued identification card or military identification)
- Have a current photo and signature
- Reflect the same name as the name used to register for the examination (including designations such as Jr. or III, etc.)

Contact Thomson Prometric before scheduling your appointment to arrange for an alternative form of meeting this requirement if you cannot provide the identification listed above.

The name on your identification must match the name Thomson Prometric has on file for you. Contact Thomson Prometric to verify the name on file if you have a recent name change.

3. TAKING THE EXAMINATION

The examination is administered via computer, but you do not need computer experience or typing skills to take the examination. You will have a personalized introduction to the testing system, complete with a tutorial lesson, before you start the examination. BE SURE TO UTILIZE THIS TUTORIAL TO FAMILIARIZE YOURSELF WITH THE COMPUTER FUNCTIONS PRIOR TO BEGINNING THE EXAMINATION.

You will have four hours to complete the examination. The time you use in the tutorial will not be counted towards the four-hour time limit.

NOTE: Thomson Prometric's (formerly Experior Assessments) web site provides a demonstration of its computer based testing system. This demonstration is not intended as a study tool. To view the demonstration, go to http://www.experioronline.com/dca/demos.htm.

Should you experience any disruption or difficulty during your examination, you are responsible for notifying a proctor immediately so that the situation may be resolved whenever possible.

If any disruption or problem occurs that you believe will substantially impact the outcome of your examination, you must document your concerns on the exit survey at the end of your examination. Such events should also be documented on a Candidate Comment Form, available at all test centers, and the form needs to be mailed to the Office of Examination Resources (OER). If requested, the BBS will contact you within 15 days of receiving the form.

EMERGENCY CLOSURE

In the event of an emergency, Thomson Prometric may need to cancel scheduled examinations. In this situation, Thomson Prometric personnel will attempt to contact you via telephone; however, you may confirm your scheduled test by calling Thomson Prometric at 800.897.2046. If a site is closed, exams will be rescheduled at your earliest convenience, at no cost to you. To reschedule your examination, call the toll-free number.

4. EXAMINATION RESULTS

You will receive the results of the examination at the test site center once the examination is complete. Please refer to the Testing Accommodations section of this handbook for information on paper and pencil examination results.

The BBS welcomes constructive feedback from candidates regarding their examination experience. Feedback must be submitted in writing within 30 days after the examination to: Board of Behavioral Sciences, 1625 N Market Blvd, Suite S-200, Sacramento CA 95834. All correspondence should include the candidate's name, address, daytime telephone number, name of examination and date taken, examination site and BBS file number.

5. APPLYING TO TAKE/RETAKE AND EXAMINATION AND TIMELINES AND DEADLINES

If you pass the Standard Written Examination, you will have one year from the date you passed to TAKE the Written Clinical Vignette Examination. You must submit an application for this examination before the BBS can make you eligible. Applications for examination are available at the test site center and take approximately 60 days for the BBS to process.

If you fail the Standard Written Examination, you must RE-TAKE the examination no later than one year from the date of failure. You will need to apply to retake the examination before the BBS can make you eligible. Re-examination applications are available at the test site center. You must wait a minimum of 160 days from the date of failure before the BBS can make you eligible to re-take the examination.

All forms are also available via the BBS web site at http://www.bbs.ca.gov/bbsforms/htm

Once you are in the examination process you need to remember your examination deadlines. Allowing your examination eligibility to expire results in abandonment of your application for licensure. To qualify again for the licensing exam you will need to re-apply for licensure and meet all licensing requirements in place at the time of your new application. Taking the test at least once a year until you pass both examinations ensures your pre-licensure requirements stay "locked in."

Example: Robyn passes her LCSW Standard Written Examination on 5/31/06. She must take the Clinical Vignette Examination no later than 5/31/07.

Example: Rob failed his LCSW Standard Written Examination on 4/22/06. He must retake his LCSW Standard Written Examination no later than 4/22/07.

Example: Kristy received her notice of eligibility to take the LCSW Standard Written Examination on 1/18/06. She must take this examination by 1/18/07.

Special Testing Accommodations

In recognition of the Federal *Americans with Disabilities Act* and the California *Fair Employment and Housing Act*, the BBS and Thomson Prometric provide fair and reasonable test accommodations to candidates who substantiate a need due to physical or mental disability or qualified medical condition. Candidates whose primary language is not English may also qualify for accommodations.

Accommodations will not be provided at the test site without prior BBS approval. A "Request for Accommodations" package is available by contacting the BBS or online at http://www.bbs.ca.gov/bbsforms.htm. Accommodations must be requested a minimum of 90 days before the desired test date.

DO NOT CALL THOMSON PROMETRIC TO SCHEDULE YOUR EXAMINATION UNTIL YOU HAVE RECEIVED WRITTEN NOTIFICATION FROM THE BBS REGARDING YOUR REQUEST FOR ACCOMMODATIONS.

The BBS will not process accommodations that fundamentally alter the measurement of the skills and knowledge tested on the examination.

Note: Candidates who receive testing accommodations to take a paper and pencil examination will receive the results of the examination 14 business days from the completion of the examination.

ACCESIBILITY

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via the Telecommunications Device for the Deaf (TDD) by calling 888.226.9406.

Study Materials and Courses

The LCSW Examination plan contained in this handbook is the official standard for material covered on the examination. The BBS highly encourages you to study the Examination Items section of this handbook and the Examination Plan. Should the examination plan or format change, ample notice will be provided, and updates will be posted on the website.

Trust in your clinical education, experience and judgment as a basis for responding to the examination items. The BBS does not endorse or recommend any examination preparation courses. These courses are no substitute for education and clinical experience.

If you choose to take an examination preparation course, be an informed consumer and consider the impact that incorrect information could have on your examination performance.

Examination preparation providers do not receive any confidential examination materials from the BBS. The BBS does not regulate examination providers; the Bureau for Private, Post-Secondary and Vocational Education regulates these providers.

Pre-Test Examination Items

The LCSW Standard Written Examination contains no fewer than 175 multiple-choice items.

The examination may contain additional items for the purpose of pre-testing. These pre-testing items will not be identified to you, and they will not be counted for or against your score. They appear throughout the course of an examination. The pre-test items allow performance data to be gathered on these items for possible use in further examinations.

Examination Development

Examination development begins with the formulation of an examination plan. Every three to seven years the BBS performs an occupational analysis of the LCSW profession in compliance with the Department of Consumer Affairs' Examination Validation Policy. Once complete, the occupational analysis aids in creating the examination plan's seven content areas. In each content area, the examination plan describes examination content in terms of the task statements and knowledge areas resulting from the occupational analysis. The OER develops and maintains the LCSW examinations. The OER staff consists of test validation and development specialists who are trained to develop and analyze occupational licensing examinations. The OER trains Subject Matter Experts (SME), who are LCSWs that participate in examination development and review workshops, on established examination development processes and measurement methodologies.

To establish pass and fail standards for each version of the Standard Written Examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on a minimum competence criterion that is defined in terms of the actual behavior that qualified LCSWs would perform if they possessed the knowledge necessary to perform job duties.

By adopting a criterion referenced passing score, the BBS applies the same minimum competence standards to all licensure candidates. Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the consumer. A new version of the examination is implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

Examination Security

BBS SECURITY REQUIREMENTS

The BBS strictly enforces examination security and will prosecute any individual who violates statutes pertaining to security. The BBS and the OER commit to maintaining the security and confidentiality of all examination materials during every phase of development, implementation and storage.

All examination candidates must sign a security agreement form. Signing this agreement affirms that you fully understand that you are responsible for upholding examination security in accordance with Business and Professions Code sections 496 and 497. If a candidate is found in violation of any security procedure, the following actions may be taken: the candidate's results may be delayed; the candidate's examination materials may be voided; and/or the candidate's application for future examination may be denied.

Candidates are neither permitted to discuss the content of the examination nor remove examination materials

from the testing sites at any time. The BBS and Thomson Prometric (formerly Experior Assessments) hold copyrights for all examinations and related materials. All examination materials are confidential.

A candidate taking the LCSW licensing examination is required to follow the provisions of Business and Professions Code sections 123 and 584 and is NOT allowed to do any of the following:

- have an impersonator take the examination on one's behalf;
- impersonate another to take the examination on that person's behalf;
- communicate examination content with another examinee or with any person other than BBS examination staff;
- reproduce or make notes of examination materials and/or content and reveal them to others who are preparing to take the LCSW examination, or to those who are preparing other candidates to take such an examination; and
- obstruct the administration of the examination in any way.

In accordance with the law, a violation of any of the rules listed above will result in disqualification as a candidate and could result in an administrative action and/or denial of a license.

SECURITY PROCEDURES AT THE TEST CENTER

The following security procedures will apply during the examination:

- examination contents are confidential and proprietary. No cameras, notes, tape recorders, pagers or cellular phones are allowed in the testing room;
- no programmable calculators are permitted;
- no guests, visitors or family members are allowed in the testing or reception areas
- no valuables or weapons should be brough to the testing center. Only keys and wallets may be taken into the testing area, and Thomson Prometric is not responsible for items left in the reception area.

FAILURE TO FOLLOW ANY OF THESE SECURITY PROCEDURES MAY RESULT IN THE DISQUALIFICATION OF YOUR EXAMINATION. THOMSON PROMETRIC RESERVES THE RIGHT TO VIDEOTAPE ANY EXAMINATION SESSION.

Example Standard Written Examination Items

To follow are examples of the format and structure of items you may encounter during the examination. Each multiple-choice item requires the candidate to select the correct answer from among the four options provided.

1. A woman seeks counseling after her 19-year-old adolescent was arrested for driving under the influence. The client reports the incident upset her so badly she has been having difficulty sleeping and has not been able to go to work. What strategy should be used in providing treatment for this client?
   A. Provide the client with an opportunity to discuss feelings about the adolescent's actions.
   B. Focus on the immediate tasks the client must perform to achieve equilibrium.
   C. Encourage the client to use social support networks to assist in coping.
   D. Refer the client to an Al-Anon family support group.

2. Why should role reversal be used in couples counseling?
   A. To reinforce the autonomy of the two partners.
   B. To reinforce the established roles of each partner.
   C. To increase light hearted interplay between partners.
   D. To increase empathy and understanding between partners.

3. Which of the following factors should be included in the assessment of a client from a culture that is different from the therapist's?
   A. Evaluation of socioeconomic variables, determination of any culturally-related issues, and determination of level of acculturation.
   B. Evaluation of socioeconomic variables, consultation from traditional healers, and administration of psychometric tests.
   C. Evaluation of mental status, determination of any culturally-related issues, and administration of psychometric tests.
   D. Evaluation of mental status, consultation from traditional healers, and determination of level of acculturation.

4. A middle-aged couple comes to therapy shortly after their last child married. They both share that they are not as close as they used to be and complain of depression and irritability. How should a family therapist treat these clients?

A. By recommending clients reevaluate their relationship and consider separation.
B. By assisting clients to focus on their relationship and evolve in their new roles.
C. By reassuring clients that this is a normal reaction and feelings will resolve naturally.
D. By encouraging clients to remain active in their children's lives and enjoy their freedom.

5. In which of the following situations should involuntary hospitalization be initiated?
   A. A person indicates a plan and intent to cause self-harm.
   B. A person demonstrates failure to provide shelter.
   C. A person refuses necessary medical treatment.
   D. A person states an intent to kill his boss.

6. Which of the following family members should be identified as the scapegoat using a systems approach?
   A. Child who mediates negative family processes.
   B. Child who is identified as the source of the problem.
   C. Parent who rationalizes spouse's absence from work due to alcohol.
   D. Parentified child who assumes responsibility for maintaining family functioning.

7. An 11-year-old client ran away from home after setting a fire in his parent's garage. In addition, he has been threatening his peers with a knife. What diagnosis is indicated for this client?
   A. Conduct disorder
   B. Disruptive behavior disorder
   C. Oppositional defiant disorder
   D. Childhood disintegrative disorder

8. Which of the following situations would constitute malpractice?
   A. An HIV positive client infects a partner and the therapist did not warn.
   B. An involuntary client disagrees with the treatment plan and the therapist will not make changes.
   C. An alcoholic client in recovery begins drinking again after the therapist uses confrontation in the therapy session.
   D. A depressed client following the treatment plan commits suicide when the therapist cancels multiple appointments with no backup plan.

9. 42-year-old divorced male client is being seen for depression caused by a recent breakup with his fiancée. During a therapy session, he states he has mailed letters to his daughters telling them that he loves them. He also thanks the therapist for the help, but states he is resigned to his feelings and he will not be returning for any more therapy. How should the therapist proceed?
   A. Convince the client that treatment is still needed.
   B. Refer for intensive outpatient treatment to monitor depression.
   C. Evaluate for plan, intent, and means to carry out suicide attempt.
   D. Work with the client to resolve the emotional crisis that he is facing.

10. A mother brings her 10-year-old daughter to therapy after an unfounded abuse investigation was conducted on the girl's father. Since the investigation, the child has been afraid to sleep in her own room, is very demanding of her parents, and continues to have nightmares that her father is being taken away. What should be the immediate short-term objective of therapy with this client?
    A. Encourage the client to forget the incident because it was unfounded.
    B. Assist the client to explore her emotions and fears about the incident.
    C. Instruct the parents to set firm limits on the client's bedtime behavior.
    D. Refer the client to a psychiatrist for a medication evaluation.

*Correct Answers: 1-B, 2-D, 3-A, 4-B, 5-A, 6-B, 7-A, 8-D, 9-C, 10-B

LICENSED CLINICAL SOCIAL WORKER
Standard Written Examination Plan (Outline)
December 2005 to present

Content Area	# of Questions	Area %
I. Biopsychosocial Assessment	**40**	**23**
A. Assessing for Risk		
B. Assessment of Client Readiness and Appropriateness of Treatment		
C. In-depth Assessment		
1. Comprehensive Exploration of Symptoms		
a. psychological factors		
b. cultural/personal factors		
2. Comprehensive Evaluation of Problem		
a. social-environmental history		
b. medical and developmental history		
c. history of substance use/abuse		
3. Comprehensive Evaluation of Inter- and Intra- personal Resources		
II. Diagnostic Formulation	**10**	**6**
III. Treatment Plan Development	**19**	**11**
A. Identify/prioritize Objectives, Goals and Methods of Treatment		
B. Integrate/coordinate concurrent Treatment Modalities and Adjunctive Resources		
C. Monitoring, Evaluation and Revision		
IV. Resource Coordination	**16**	**9**
A. Service Identification and Coordination		
B. Client Advocacy and Support		
V. Therapeutic Interventions	**70**	**40**
A. Crisis Intervention		
B. Short-term Therapy		
C. Children and Adolescents		
D. Adults (Individual and Group Therapy)		
E. Couples		
F. Families		
G. Managing the Therapeutic Process		
VI. Legal Mandates and Obligations	**9**	**5**
A. Protective Issues/Mandated Reporting		
B. Professional Conduct		
VII. Ethical Standards	**11**	**6**

LCSW Standard Written Examination Plan
December 2005 to present

The following pages contain detailed information regarding examination content. A description of each content area and the associated task and knowledge statements are provided. It is important for candidates to use this section as a study guide because each item in the Standard Written examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

I. Biopsychosocial Assessment (23%) – This area assesses the candidate's ability to identify and assess the biopsychosocial aspects of the presenting problem.

A. Assessing for Risk

TASKS	KNOWLEDGE OF:
• Evaluate client's level of distress to assess the impact of the presenting problem on the person in the situation. • Assess for suicide potential by evaluating client's intent, means, and history to determine need for immediate intervention. • Evaluate level of danger client presents to self and/or others to determine need for immediate intervention. • Evaluate client for grave disability to determine need for immediate intervention. • Evaluate degree of risk of abuse or neglect of a child to determine need for referral to a child protective services agency. • Evaluate degree of risk of abuse or neglect of dependent adult or elderly client to determine need for referral to an adult protective services agency or ombudsman. • Evaluate degree of risk by identifying the client's immediate support systems and the client's ability to access them. • Identify precipitating events to determine the need for crisis intervention. • Identify presenting complaint to determine client's understanding of the problem.	• Knowledge of psychological, physical, and behavioral indicators of abuse and neglect. • Knowledge of socio-cultural factors that affect the assessment of client risk. • Knowledge of risk factors that indicate a high potential for suicide within age, gender, and cultural groups. • Knowledge of legal criteria for identifying clients who require involuntary treatment or detention. • Knowledge of methods for assessing the risk of decompensation and hospitalization. • Knowledge of criteria for evaluating the safety of a child's environment. • Knowledge of physical, behavioral, and psychological indicators of suicidal and/or self-injurious behavior. • Knowledge of criteria for determining whether client's living situation constitutes high risk for abuse. • Knowledge of methods and techniques for eliciting client's perception of presenting complaint. • Knowledge of risk factors that indicate a client's potential for causing harm to others. • Knowledge of criteria for assessing the risk of abuse, neglect, or exploitation of elder and dependent adults. • Knowledge of risk factors associated with diagnostic categories and clinical populations that indicate a high potential for suicidal and/or self-injurious behavior.

B. Assessment of Client Readiness and Appropriateness of Treatment

TASKS:	KNOWLEDGE OF:
• Assess for language barriers that will impede the therapeutic process to determine whether treatment can be provided or referral is indicated. • Assess for cultural factors that will influence or impact the therapeutic process to determine whether treatment can be provided or referral is indicated • Identify client's presenting problem and goals for therapy to determine whether treatment can be provided or referral is indicated.	• Knowledge of the effect of language differences on the therapeutic process. • Knowledge of the role of client motivation in therapeutic change. • Knowledge of cultural beliefs regarding therapy and mental health. • Knowledge of developmentally appropriate techniques for eliciting information about the client's thoughts and feelings during the interview process. • Knowledge of methods and techniques for facilitating the client's ability to communicate thoughts and feelings during the interview process. • Knowledge of techniques for evaluating the congruence between the client's nonverbal and verbal communications. • Knowledge of how cultural factors impact the ways a client seeks assistance for psychosocial problems.

C/1/a. In-depth Assessment – Comprehensive Exploration of Symptoms (Psychological Factors)

TASKS	KNOWLEDGE OF:
• Gather information regarding the mental health history of the client and the client's family to assist in developing a comprehensive assessment. • Assess client's physical appearance and presentation to evaluate effects of presenting problem on client's functioning. • Identify psychiatric and physical symptoms or characteristics to determine need for psychiatric or medical referral. • Evaluate client's ability to care for self by assessing impact of cognitive or physical impairments. • Evaluate effects of client and family's spiritual beliefs on presenting problem. • Gather collateral information pertaining to client and client's presenting problem to formulate a differential diagnosis. • Identify perceptual, cognitive, and personality issues that suggest referral for vocational testing. • Gather information regarding perception and cognition to identify symptoms of psychopathology. • Assess client's mood, affective responses, and impulse regulation to identify patterns of emotional functioning.	• Knowledge of the effects of aging on client's independent functioning. • Knowledge of methods for assessing the client's degree of acculturation. • Knowledge of behavioral, physiological, and psychological indicators of emotional distress in assessing client's psychosocial functioning. • Knowledge of behavioral, physiological, and psychological factors that indicate a need for psychiatric or medical evaluation. • Knowledge of methods and techniques for assessing the impact of the client's level of acculturation on the presenting problem. • Knowledge of methods and techniques for assessing the impact of the mental health history of the client's family on the client's current problems and issues. • Knowledge of methods and techniques for assessing the client's ability to provide for self-care needs. • Knowledge of types of information available in employment, medical, psychological, and school records to provide assessment and diagnostic information. • Knowledge of the effects of mood disturbance on psychosocial functioning.

C/1/a. In-depth Assessment – Comprehensive Exploration of Symptoms (Psychological Factors) *(continued)*

TASKS	KNOWLEDGE OF:
• Identify symptoms of perceptual, cognitive, and learning disorders that require referral for educational testing. • Identify perceptual and cognitive functions that require referral for psychological testing.	• Knowledge of strategies for gathering information from adjunctive resources. • Knowledge of psychological, cognitive, and behavioral factors that indicate a need for psychological and vocational testing. • Knowledge of the effect of mental disorders on psychosocial functioning. • Knowledge of methods and techniques for assessing the impact of the client's previous mental health treatments on the client's current problems and issues.

C/1/b. In-depth Assessment – Comprehensive Exploration of Symptoms (Cultural/Personal Factors)

TASKS	KNOWLEDGE OF:
• Assess client's degree of acculturation to determine impact on presenting problem. • Identify impact of client's experience of life stressors within context of client's race, culture, country of origin, age, gender, religion, sexual orientation, marital status, and level of ability. • Assess nature of client's familial relationships by evaluating the family structure within the client's cultural identity. • Gather information regarding role identification within context of client's race, culture, and country of origin, age, gender, religion, sexual orientation, marital status, and level of ability. • Identify impact of client's culture on client's presentation of psychological or physical problems.	• Knowledge of methods and techniques for assessing the impact of other peoples' values, culture, and life experiences on the client's presenting problem. • Knowledge of methods and techniques for assessing the client's experience of social and cultural biases and discrimination and their impact on the presenting problem. • Knowledge of methods and techniques for assessing how the client's values, personal preferences, and cultural identity impact the presenting problem.

C/2/a. In-depth Assessment – Comprehensive Evaluation of Problem (Social-environmental History)

TASKS	KNOWLEDGE OF:
• Gather information about client's interpersonal relationships to identify patterns of behavior in different life settings. • Assess history of trauma and abuse to determine impact on current functioning. • Evaluate impact of psychosocial and environmental stressors on client's symptomatology. • Identify events precipitating current problem through interviews with client and collateral sources. • Gather information regarding client's family history to determine the impact of significant relationships and events on current problems. • Assess impact of familial patterns of interaction on client's current problem through interviews with client and collateral sources. • Assess client's employment history to evaluate past and present impact of presenting problem in occupational settings.	• Knowledge of methods for assessing the impact of family history on client functioning. • Knowledge of methods for assessing the effects of the client's physical condition on past and current psychosocial functioning. • Knowledge of the cycle of abuse that perpetuates intergenerational violence and trauma. • Knowledge of how cultural influences affect the client's perception of life events as traumatic. • Knowledge of the effects of family structure and dynamics on the client's development of role identity and patterns of interpersonal interaction. • Knowledge of the interrelationship between client's behavior in social and work environments and behavior in other areas of client's life. • Knowledge of how to assess the relationship between life events and the stressors the client experiences. • Knowledge of the effects of socio-cultural factors on the client's presenting problem.

C/2/b. In-depth Assessment – Comprehensive Evaluation of Problem (Medical and Developmental History)

TASKS	KNOWLEDGE OF:
• Gather information regarding the developmental history of the client and client's family members to determine course of developmental progression. • Identify possible deficits in client's developmental level to determine need for further evaluation. • Gather information regarding client's use of complementary and alternative treatments to evaluate client's approach to medical problems. • Gather information regarding client's personal and familial medical history to determine impact on the person in the situation. • Assess client's perception of the impact of physical limitations on adaptive functioning. • Assess how client's medical conditions affect past and current adaptive functioning.	• Knowledge of theories of aging and development that explain biological and cognitive changes. • Knowledge of the relationship between medical conditions and psychosocial functioning. • Knowledge of the relationship between level of functioning and normative developmental stages throughout the life span. • Knowledge of symptoms of medical conditions that may impact client psychosocial functioning. • Knowledge of common physical conditions, psychological issues, and behavioral patterns associated with specific developmental or life phases. • Knowledge of the effects of medications and their impact on the client's adaptive functioning. • Knowledge of developmental processes of individual growth and change.

C/2/b. In-depth Assessment – Comprehensive Evaluation of Problem (Medical and Developmental History) *(continued)*

TASKS	KNOWLEDGE OF:
• Assess impact of patterns of familial interaction and beliefs on client's physical health and wellness.	• Knowledge of methods and techniques for assessing the impact of client's family medical history on current problems and issues. • Knowledge of the effects of social, cultural, and environmental influences on aging and health. • Knowledge of the effect of biological and environmental influences on specific developmental and life phases. • Knowledge of theories of stages of cognitive development.

C/2/c. In-depth Assessment – Comprehensive Evaluation of Problem (History of Substance Use/Abuse)

TASKS	KNOWLEDGE OF:
• Assess impact of client's substance abuse on family members and significant others to determine need for concurrent services. • Assess social and familial factors associated with or contributing to the client's substance use. • Assess types and patterns of use to determine substance abuse and/or dependence.	• Knowledge of the impact of substance use or abuse on family and social relationships and role functioning. • Knowledge of the effect of substance use and abuse on psychosocial functioning. • Knowledge of physical and behavioral signs indicating current substance intoxication and/or withdrawal. • Knowledge of physical and behavioral indicators associated with substance abuse. • Knowledge of the impact of social, cultural, and familial factors on substance use and abuse. • Knowledge of physical and behavioral indicators associated with substance dependence.

C/3. Comprehensive Evaluation of Inter- and Intra- personal Resources

TASKS	KNOWLEDGE OF:
• Evaluate effectiveness of client's coping strategies and strengths by identifying patterns of reactions and responses to life stressors. • Identify information regarding client's past and present coping strategies and strengths as they relate to the presenting problem. • Assess client's ability and willingness to access personal and community resources. • Gather information regarding family members' coping strategies and strengths to assist in treatment planning. • Gather information regarding interpersonal relationships to evaluate and assess client's ability to access and utilize support systems.	• Knowledge of methods for assessing adaptive and maladaptive coping mechanisms in dealing with life stressors. • Knowledge of how to obtain and integrate relevant clinical information from collateral sources to increase an understanding of the client in the environment. • Knowledge of affective reactions to life stressors or situations that impact psychosocial functioning. • Knowledge of the effect of economic factors and stressors on psychosocial functioning. • Knowledge of theories of coping and adaptive responses to life events. • Knowledge of the relationship between social supports and adaptive functioning.

C/3. Comprehensive Evaluation of Inter- and Intra- personal Resources *(continued)*

TASKS	KNOWLEDGE OF:
• Assess current living conditions to determine impact of the environment on the person in the situation. • Collect information from collateral sources to assist in developing clinical assessment and intervention strategies. • Assess impact of the client's family and social network on the presenting problem. • Assess socioeconomic factors to determine the impact of financial stressors on current problem. • Assess ability and willingness of the client's family and social network to support client's treatment.	• Knowledge of methods for assessing client's ability to access personal and community resources.

II. Diagnostic Formulation (6%) – This area assesses the candidate's ability use assessment information to formulate an accurate differential diagnosis for developing a treatment plan and interventions within the client's socio-cultural context.

TASKS	KNOWLEDGE OF:
• Integrate information about the client's premorbid functioning in developing a differential diagnosis or problem formulation. • Compare assessment information with diagnostic criteria in formulating differential diagnoses. • Incorporate information about the client's physiological status in formulating differential diagnoses. • Integrate information regarding the impact of the client's cultural/ethnic background and beliefs on the experience and presentation of symptoms in formulating a differential diagnosis. • Integrate results of mental status examination in developing a differential diagnosis or problem formulation. • Integrate collateral information from referral sources in developing a differential diagnosis or problem formulation. • Identify persistence of symptoms to determine if problem is acute or chronic. • Develop clinical diagnosis or problem formulation to provide basis for interventions. • Identify onset or initial presentation of symptoms to determine duration of the problem. • Identify extent of impairment and its impact on the client's level of functioning to develop a diagnostic impression. • Integrate assessment information to determine depth and breadth of impairment on adaptive functioning.	• Knowledge of Diagnostic and Statistical Manual of Mental Disorders classifications of symptoms and disorders. • Knowledge of the clinical process of developing a diagnosis or problem description to clarify therapeutic issues. • Knowledge of how to evaluate and integrate information about the client's premorbid condition and precipitating events into the formulation of a differential diagnosis. • Knowledge of criteria for classifying complex levels of addiction (cross addiction). • Knowledge of situations that require consultation with a client-identified expert for clarifying diagnosis or problem formulation within the framework of the client's culture and beliefs. • Knowledge of the relationship between biochemistry and psychiatric disorders. • Knowledge of how to evaluate and integrate client's past mental and medical health history to formulate a differential diagnosis. • Knowledge of situations that require consultation with other professionals in developing or clarifying a diagnosis or problem formulation. • Knowledge of methods for integrating assessment information to identify areas and level of impairment in client's functioning. • Knowledge of the defining characteristics of symptoms that indicate provisional diagnoses.

II. Diagnostic Formulation *(continued)*

TASKS	KNOWLEDGE OF:
• Integrate information about the precipitating events in developing a differential diagnosis or problem formulation. • Identify psychological and environmental stressors to determine impact on symptomatology.	• Knowledge of the psychoactive qualities of substances that contribute to dependence, physical addiction, or impairment. • Knowledge of the social work diagnostic framework for identifying and evaluating presenting symptoms. • Knowledge of the impact of cultural factors on the formulation of a differential diagnosis. • Knowledge of the relationship between psychosocial and environmental factors and symptom development. • Knowledge of the relationship between onset of signs and symptoms and duration of the problem. • Knowledge of behavioral, physiological, and psychological indicators of developmental disorders. • Knowledge of the relationship between persistence of symptoms and the course of the problem. • Knowledge of methods for differentiating between disorders that share common symptoms. • Knowledge of criteria for classifying substance use, abuse, and dependency. • Knowledge of the short and long-term side effects of medications and their effect on the client's presenting symptoms.

III. Treatment Plan Development (11%) – This area assesses the candidate's ability to develop a culturally relevant treatment plan based on assessment and diagnostic information. The treatment plan includes a definition of the problem, measurable goals and objectives, and clinical interventions consistent with the client's readiness for, and ability to engage in treatment, and relevant to the phases of therapy.

A. Identify/Prioritize Objectives, Goals and Methods of Treatment

TASKS	KNOWLEDGE OF:
• Incorporate interventions into the treatment plan that address the needs associated with client's clinical diagnosis. • Identify level of intervention required to address the client's areas and degree of impairment in developing the treatment plan. • Develop mutually agreed upon treatment goals based on assessment and diagnostic information. • Integrate aspects of client's value and belief systems into the development of the treatment plan. • Develop measurable objectives to facilitate treatment goals.	• Knowledge of methods and techniques for enhancing client motivation in treatment. • Knowledge of methods for engaging mandated, resistant, and noncompliant clients in the therapeutic process. • Knowledge of client characteristics that affect client adaptation in different therapeutic modalities or treatment settings. • Knowledge of methods and techniques for educating client about the therapeutic process. • Knowledge of the components of a treatment or service plan for each phase of the therapeutic process.

A. Treatment Plan Development: Identify/Prioritize Objectives, Goals and Methods of Treatment *(continued)*

TASKS	KNOWLEDGE OF:
• Select therapeutic interventions by evaluating presenting problem in conjunction with treatment goals. • Identify client and therapist values that impact the therapeutic process to direct the treatment approach. • Select treatment modalities based on client needs, diagnosis, and assessment. • Develop preliminary termination plan to provide a structure for treatment. • Develop preliminary termination plan with client to maintain therapeutic progress after treatment has ended. • Provide client education about the therapeutic process to promote client's self-determination. • Prioritize interventions according to applicable phase of treatment and client's preparedness to work with the therapeutic issues involved.	• Knowledge of methods for determining service priorities by evaluating level of impairment in areas of client functioning. • Knowledge of methods for determining the timing of interventions according to phase of therapy. • Knowledge of methods for prioritizing symptoms to determine target areas for improving client functioning. • Knowledge of techniques and procedures for engaging the client in the mutual development of treatment goals and objectives. • Knowledge of culturally competent interventions to provide services to diverse populations. • Knowledge of procedures for determining how to manage aspects of the therapist's value system that potentially impacts therapy. • Knowledge of strategies for determining therapeutic goals to direct treatment. • Knowledge of techniques for integrating client's current experiences, values, and belief systems into the treatment plan. • Knowledge of the differential use of psychotherapeutic techniques in treating problems or disorders. • Knowledge of techniques for determining compatibility of treatment modalities with specific problems or disorders. • Knowledge of methods for developing short- and long-term treatment objectives to address therapeutic problems. • Knowledge of methods for determining length of therapy based on diagnosis and client's goals for treatment. • Knowledge of the components of individual treatment plans to provide for clients with special needs. • Knowledge of techniques and procedures for engaging client's on-going participation in the therapeutic process.

B. Integrate / Coordinate Concurrent Treatment Modalities and Adjunctive Resources

TASKS	KNOWLEDGE OF:
• Collaborate with physician/psychiatrist regarding the effects and contraindications of psychotropic drugs to maximize therapeutic effectiveness with clients. • Coordinate with other care providers in the development of an individual treatment plan. • Determine need for referral to adjunctive treatment resources to support the treatment plan. • Evaluate need for a treatment program based on severity of substance abuse and impairment to client functioning. • Evaluate efficacy of collateral support systems for inclusion in treatment plan. • Implement therapeutic techniques congruent with client's racial, cultural, country of origin, gender, sexual orientation, marital status, or level of ability to provide treatment.	• Knowledge of the dynamics of working across disciplines in developing comprehensive and integrated treatment. • Knowledge of methods for accessing and coordinating multiple interventions across disciplines. • Knowledge of methods for incorporating collateral support systems in therapy. • Knowledge of techniques for combining treatment modalities in treating specific problems or disorders. • Knowledge of the effect of psychotropic medications on therapeutic interventions. • Knowledge of methods for integrating mainstream, complimentary, and alternative treatment modalities that are consistent within the framework of the client's cultural identity, beliefs, and values into treatment.

C. Monitoring, Evaluation and Revision of Treatment Plan

TASKS	KNOWLEDGE OF:
• Determine effectiveness of therapeutic interventions by evaluating progress toward treatment objectives. • Prepare for termination with client by reviewing progress attained. • Develop termination plan with client to maintain therapeutic progress after treatment has ended. • Elicit information from collateral resources to assist in evaluating treatment efficacy. • Adjust treatment plan and interventions as indicated by client's changing needs and goals. • Establish collaborative alliance with agencies, caregivers, placement settings, and other community resources to develop support services commensurate with client needs. • Conduct initial and on-going review of therapeutic alliance to assist client engagement in therapy. • Determine evaluation criteria to monitor progress toward goals and objectives.	• Knowledge of techniques for re-engaging mandated, resistant, and noncompliant clients in treatment. • Knowledge of methods and procedures for formulating an after-care plan. • Knowledge of methods for assessing qualitative and quantitative therapeutic change. • Knowledge of methods for consolidating therapeutic gains to facilitate and maintain client's achievements outside therapy. • Knowledge of methods for evaluating and monitoring treatment plan to ensure consistency with changing client goals and needs. • Knowledge of methods for formulating behavioral indicators to measure and evaluate therapeutic change. • Knowledge of changes in client functioning that indicate readiness to terminate therapy. • Knowledge of procedures for evaluating therapeutic change in preparation for termination. • Knowledge of methods and procedures for accessing and coordinating interventions across disciplines in an after-care plan.

IV. Resource Coordination (9%) – This area assesses the candidate's ability to coordinate linkages and provide access to resources, and to evaluate the efficacy of the referrals.

A. Service Identification and Coordination

TASKS	KNOWLEDGE OF:
• Coordinate with community sources to facilitate outreach to transient and homeless clients. • Evaluate suitability of community resources to provide supportive services commensurate with client needs. • Evaluate suitability of current and prospective caregivers to provide supportive services commensurate with client needs. • Coordinate with other professionals, service providers, and other community resources to establish linkages for outreach services. • Gather information regarding cultural community networks to identify resources and sources of support. • Coordinate access to therapeutic or community programs to facilitate client's transition into the community. • Evaluate client's current needs and prognosis for change to assist in determining least restrictive placement environment. • Collaborate with other providers and community specialists to identify resources. • Determine need for outreach and/or field visits in order to evaluate how health, safety, and welfare issues are affecting treatment. • Coordinate linkages with support systems and services to facilitate access by client.	• Knowledge of criteria for determining least restrictive environment to provide for care and safety of client. • Knowledge of methods for identifying and incorporating community support systems and resources that are consistent with client's beliefs and values. • Knowledge of types of placements available for the short- and long-term care of clients of differing levels of care. • Knowledge of methods for evaluating conditions in the home to determine need for additional services. • Knowledge of methods and procedures for facilitating client's transition to a less restrictive setting. • Knowledge of methods for identifying community support services that meet client needs. • Knowledge of methods for evaluating the suitability of a caregiver and the home or placement for providing services addressing client's current or prospective needs. • Knowledge of methods for identifying and incorporating community support systems and resources relevant to the client's culture, background, beliefs, and values. • Knowledge of the methods involved in establishing a liaison with community resource providers. • Knowledge of methods for evaluating client's ability to access support services and treatment sources. • Knowledge of federal, state, local, and public and private social services that provide assistance with meeting client's basic needs. • Knowledge of methods for identifying and incorporating community support systems and resources for transient and homeless clients. • Knowledge of criteria for evaluating the level of care of a prospective or current placement to meet client's needs. • Knowledge of methods for incorporating a multidisciplinary team approach to treatment.

B. Client Advocacy and Support

TASKS	KNOWLEDGE OF:
• Advocate within the community for the creation or enhancement of support services to meet client needs. • Educate community resources about how to best meet client needs within the framework of the individual needs, culture, beliefs, and values of the client. • Facilitate integration of client back into the community by providing psychoeducation to service providers and community members. • Advocate with institutions and organizations, including within the legal or judicial system and within medical and healthcare institutions, to improve service delivery and to protect client rights. • Educate client about how to access support services including access to legal advocacy to support client's rights. • Implement interventions and referrals that increase the client's ability to more independently access services related to housing, medical care, employment, transportation, and the provision of basic needs. • Consult with other professionals and referral sources to discuss the client's progress and to evaluate the on-going effectiveness and accessibility of resources. • Advocate with community resources related to housing, education, and the provision of basic needs to improve service delivery and to protect client rights. • Engage client in the mutual exploration and identification of future resources as the client's needs change. • Monitor services provided by agencies, caregivers and placement settings to evaluate whether the needs of the client are being met. • Advocate for protective placement to assist client with leaving a dangerous or unsafe environment. • Engage client in the mutual evaluation of the on-going effectiveness and accessibility of resources.	• Knowledge of methods and procedures for enhancing or developing new services within the community. • Knowledge of methods for increasing client's ability for self-advocacy. • Knowledge of methods for evaluating the usage and efficacy of referral sources. • Knowledge of standards, laws, and regulations regarding housing, accessibility, employment, and equal opportunity to protect client's rights. • Knowledge of criteria for evaluating safety of client placement. • Knowledge of laws, statutes, and regulations relating to residential placement. • Knowledge of advocacy methods for increasing client's access to needed resources. • Knowledge of methods for providing psychoeducational services to the client. • Knowledge of the benefits of psychosocial education to clients and their families about the nature of mental disorders. • Knowledge of methods for providing psychoeducational services to community service providers.

V. Therapeutic Interventions (40%) – This area assesses the candidate's ability to provide a range of therapeutic interventions specific to client needs consistent with the client's socio-cultural context.

A. Crisis Intervention

TASKS	KNOWLEDGE OF:
• Implement techniques to assist client's exploration of options to increase adaptive functioning. • Assist client to modify environment to promote stabilization. • Evaluate nature and severity of current crisis to determine intervention strategy. • Implement techniques to assist client to verbalize source of crisis. • Assist client to manage emotions associated with traumatic event to facilitate client's resolution of crisis. • Identify client's level of functioning prior to crisis to establish goals for postcrisis functioning. • Develop a stabilization plan with client in crisis to prevent further decompensation.	• Knowledge of methods for implementing strategies and interventions with clients in emergency situations. • Knowledge of the effect of crisis on emotional and psychological equilibrium. • Knowledge of counseling techniques to assist client in crisis to regain emotional balance. • Knowledge of transitional crises created by immigration and acculturation. • Knowledge of intervention strategies to reduce self-destructive and/or self-injurious behavior. • Knowledge of crisis intervention techniques to provide immediate assistance to client. • Knowledge of the psychological characteristics and emotional reactions to crisis events or trauma. • Knowledge of therapeutic techniques for improving adaptive functioning of client in crisis.

B. Short-term Therapy

TASKS	KNOWLEDGE OF:
• Apply a problem-solving approach in therapy for treating the problem as it impacts the client's current functioning. • Instruct client in techniques for increasing rational thought processes to enhance client's problem-solving and decision-making ability. • Implement interventions for facilitating the client's ability to identify the interrelationship between past events and current behaviors. • Provide psychoeducation about loss and stages of grieving process to facilitate client's normalization of feelings and experiences. • Assist client with identifying and expressing feelings to move through the stages of grief and loss.	• Knowledge of methods and interventions for increasing client's ability to manage stressors resulting from changes in life circumstances. • Knowledge of the intervention models for Brief Therapy and their indications and contraindications for use. • Knowledge of techniques and procedures for implementing interventions using a Brief Therapy model. • Knowledge of the effect of client's prior coping patterns and life experiences on adjustment to trauma. • Knowledge of the stages of loss and grief. • Knowledge of counseling techniques to assist survivor of trauma to work through feelings associated with the experience.

B. Short-term Therapy *(continued)*

TASKS	KNOWLEDGE OF:
• Provide psychoeducation about normal reactions to stress to assist client with managing transitional life issues. • Facilitate client's coping and planning strategies for addressing issues associated with major life events/potentially life-changing events. • Assist client to identify precursors to relapse to facilitate joint development of a relapse prevention plan. • Apply a treatment plan for accomplishing symptom reduction using a brief therapy model	• Knowledge of the effect of patterns of interpersonal relations on ability to maintain social relationships

C. Therapy for Children and Adolescents

TASKS	KNOWLEDGE OF:
• Determine baseline levels of maladaptive behaviors to measure therapeutic change. • Implement interview techniques consistent with child's cognitive development. • Select age-appropriate interventions to facilitate child's understanding of the presenting problem. • Select interventions congruent with child's cultural identity to facilitate child's engaging in therapy. • Assist child to develop coping strategies to facilitate adjustment to changes in life circumstances. • Assist adolescent to become aware of shifting emotional states to develop adaptive coping strategies. • Provide psychoeducation to parents/caregivers to enhance their understanding of the developmental process of the adolescent entering adulthood. • Provide psychoeducation to adolescents regarding developing healthy, reciprocal peer relationships. • Assist adolescent to clarify how past traumatic incidents may impact current perceptions, feelings, and behaviors. • Provide training to children and adolescents in self-initiated strategies for managing the impact of stressors on thoughts and feelings. • Implement therapy techniques with client to address the issues or emotions underlying aggressive behavior. • Provide social skills training to modify maladaptive interpersonal behavior in order to improve client's ability to develop and maintain relationships with others.	• Knowledge of methods for preventing relapse with child/adolescent client in recovery. • Knowledge of common psychological reactions related to biological changes of adolescence and young adulthood. • Knowledge of counseling techniques for dealing with physical, emotional and psychological issues that contribute to substance use and abuse. • Knowledge of methods and techniques to identify source of resistance to treatment. • Knowledge of methods and techniques for assisting client with achieving goals of individuation associated with age and psychosocial stages of development. • Knowledge of counseling techniques to facilitate client's recognition of emotional and psychological sources of anger. • Knowledge of counseling techniques for children and adolescents to assist client's psychological adjustment to sexuality issues. • Knowledge of behavior management interventions which reduce disruptive behavior in a variety of environments. • Knowledge of the principles of learning theory to explain the acquisition of behaviors. • Knowledge of intervention methods for treating substance dependency. • Knowledge of behavioral and emotional responses in children resulting from parental separation or divorce.

C. Therapy for Children and Adolescents *(continued)*

TASKS	KNOWLEDGE OF:
• Develop child/adolescent client's awareness of the need for emotional and physical boundaries to promote client's sense of self as a separate entity. • Provide counseling to adolescent client to deal with issues associated with the biological, psychological, and social transition from childhood to adulthood. • Address adolescent's body image distortions to develop a reality-based perception of the physical self. • Provide supportive therapy to client experiencing gender identity or sexual orientation issues to facilitate client's psychosocial adjustment. • Provide assertiveness training to promote client's self-esteem and self-confidence. • Determine antecedents of client's maladaptive behaviors by identifying the internal and/or external stimuli leading to the undesired responses. • Provide therapy involving structured task completion to improve child's ability to focus on specific tasks. • Provide parenting skills training to improve parents/caregivers' ability to care for children. • Instruct children and adolescents regarding self-control techniques to promote awareness of the consequences of their actions. • Provide psychoeducation to child/adolescent client about the physical and psychosocial effects of substance use to promote resistance to continued substance usage.	• Knowledge of developmental theories and their application to children and adolescents in a clinical setting. • Knowledge of techniques for increasing attention span by modifying child's environment. • Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in children and adolescents. • Knowledge of factors that affect client adjustment during emancipation process. • Knowledge of developmentally appropriate therapeutic techniques for treating children and adolescents. • Knowledge of therapeutic techniques to decrease violent or aggressive behavior. • Knowledge of the effect of gender role expectations and stereotypes on child and adolescent development. • Knowledge of the developmental stages of defining sexual identity and preference. • Knowledge of the physical and psychosocial effects of substance use on children and adolescents. • Knowledge of methods and techniques for providing psychoeducation to parents and caregivers of children and adolescent clients. • Knowledge of types of learning disabilities that impede academic performance. • Knowledge of effect of cultural, racial, and ethnic values and beliefs on behavior of children and adolescents. • Knowledge of the effects of racism and discrimination on development of self-concept.

D. Therapy for Adults (Individual and Group)

TASKS	KNOWLEDGE OF:
• Facilitate group process so clients can derive the maximum benefit from the experiences of peers. • Apply nondirective approach to therapy by following the client's lead to permit change to occur at client's pace. • Apply therapeutic techniques to integrate thoughts, feelings, and actions to assist client to achieve congruence of self. • Provide psychotherapy to survivor of abuse to reduce the impact of the experience.	• Knowledge of the relationship of the positive effects of physical and cognitive activity on functioning in later adulthood. • Knowledge of theories of group dynamics. • Knowledge of cognitive restructuring techniques to change maladaptive thought patterns. • Knowledge of the relationship between interpersonal interactions and social functioning. • Knowledge of the effect of cognition on interpretation of behavioral responses.

D. Therapy for Adults (Individual and Group) *(continued)*

TASKS	KNOWLEDGE OF:
• Teach client anger management techniques to increase client's ability to manage aggressive impulses. • Provide psychotherapy to client with substance abuse problem to facilitate client's ability to address the contributing factors and dynamics of substance abuse. • Provide supportive therapy to elderly clients and their families to facilitate their ability to address the physical and psychological effects of the aging family member(s). • Instruct client in environmental modification techniques for limiting stimuli that elicit undesired behaviors and increasing stimuli that elicit desired behaviors. • Conduct symptom management training with psychiatric client to minimize effect of disorder on functioning. • Provide psychoeducation for family members to facilitate treatment compliance of client. • Teach client conflict management skills to increase client's ability to reach suitable resolutions in disputes. • Implement psychodynamic techniques to assist client with bringing preconscious processes into conscious awareness. • Provide psychoeducation regarding stages of the life cycle to normalize client's experiences. • Instruct client in techniques to generate rational thoughts and attitudes to assist development of adaptive behaviors. • Implement techniques for motivating client to attend substance treatment programs. • Assist client to identify cognitions that maintain maladaptive behavior. • Provide supportive therapy to psychiatric client to increase compliance with medical and pharmacological interventions.	• Knowledge of the biological, social, and psychological aspects of mental illness and emotional functioning. • Knowledge of sexual dysfunctions that indicate need for specialized services. • Knowledge of methods and techniques for conducting group psychotherapy. • Knowledge of the biological, social, and psychological aspects of aggression. • Knowledge of methods and techniques for providing psychoeducation to individual clients and groups. • Knowledge of the effect of gender role expectations and stereotypes on adult psychosocial functioning. • Knowledge of stress management techniques to reduce anxiety or fearful reactions. • Knowledge of interventions and techniques for assisting client with managing own anger and aggression. • Knowledge of therapy methods and techniques to assist client with adjusting to the effects of racism and discrimination. • Knowledge of psychodynamic techniques for resolving emotional conflict or trauma. • Knowledge of methods for implementing desensitization techniques to reduce client symptoms. • Knowledge of techniques to assist client to adjust to physical, cognitive, and emotional changes associated with the aging process. • Knowledge of the effects of unconscious processes on behavior. • Knowledge of the protective function of defense mechanisms against anxiety. • Knowledge of the application of experiential techniques to assist client to achieve treatment goals.

D. Therapy for Adults (Individual and Group) *(continued)*

TASKS	KNOWLEDGE OF:
• Confront client's inappropriate and/or antisocial behavior to provide opportunities for change. • Implement techniques for increasing client's awareness of own defense mechanisms to assist client with recognizing problematic thoughts, emotions, and consequences. • Teach client relaxation skills to increase client's ability to manage symptoms of anxiety.	• Knowledge of methods and techniques for teaching client self-implemented therapeutic techniques as part of the treatment process. • Knowledge of the concept of insight in successful resolution of past trauma or conflict. • Knowledge of the biological, social, and psychological aspects of substance use and addiction. • Knowledge of therapeutic techniques for increasing client's feelings of self-worth. • Knowledge of methods for assessing maladaptive functioning in interpersonal relationships. • Knowledge of the impact of cultural, racial, and ethnic values and beliefs on adult behavior. • Knowledge of the effect of events in client's past on current experiences

E. Therapy for Couples

TASKS	KNOWLEDGE OF:
• Implement communication techniques with couples to promote mutual disclosure and discussion. • Identify strategies couples can implement to balance external responsibilities with personal relationship. • Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship. • Provide counseling to couples considering separation or divorce to address issues of loss. • Provide premarital counseling to assist couple's transition to new family system. • Educate clients about the stages of development of the couple relationship to normalize changes and transitions. • Provide therapy and psychoeducation to couples to address issues of a blended family. • Implement strategies to increase the safety the couple feels in the relationship. • Assist couple to identify the relationship strengths on which effective coping strategies may be based. • Identify patterns of interaction between the individuals within a couple to determine positive and negative impacts on the relationship.	• Knowledge of the effect of incongruent goals of couples on therapeutic process. • Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in couples. • Knowledge of techniques to increase intimacy within couple relationships. • Knowledge of the aspects of relationships that result in problems or conflicts for couples. • Knowledge of methods and techniques for facilitating a couple's ability to address maladaptive relationship patterns. • Knowledge of techniques to assist client to develop individual roles and identities within the couple relationship. • Knowledge of the impact of communication and interactional styles on couple relationships. • Knowledge of techniques for teaching conflict resolution and problem-solving skills with individuals in a couple. • Knowledge of counseling techniques to assist couples with psychological adjustment to sexuality issues.

E. Therapy for Couples *(continued)*

TASKS	KNOWLEDGE OF:
• Teach conflict management skills to the individuals within a couple to increase the ability to reach suitable resolutions in disputes. • Determine goal of couple's therapy by evaluating each individual's motivation. • Assist nontraditional couples (same sex, mixed cultures, mixed ethnicity, and age differences) to identify specific needs and develop external support system and coping strategies. • Implement techniques to increase the individuation of the individuals within a couple by establishing clear and permeable boundaries within systems. • Assist clients to restructure interactions by reframing the couple's perception of power structure within the system. • Provide education regarding values identification and clarification to develop mutual acceptance, tolerance, and cohesion in relationship. • Determine impact on the individuals within a couple of multigenerational interactional patterns by evaluating the history of family relationships	• Knowledge of methods and techniques for facilitating a couples' ability to minimize the effects of external pressures on intimacy needs. • Knowledge of the effect of gender role expectations and stereotypes on communication and partner expectations in couples. • Knowledge of methods for identifying and implementing interventions for treating maladaptive functioning in couple relationships. • Knowledge of issues resulting from dissolution of couple relationships. • Knowledge of therapeutic methods to establish individual and system boundaries. • Knowledge of the effect of unrealistic role assignments on couple relationships. • Knowledge of the dynamics of the marriage/partner relationships that shape and change the relationship. • Knowledge of methods and techniques for teaching couples how to improve their communication.

F. Therapy for Families

TASKS	KNOWLEDGE OF:
• Provide information to clients regarding developmental stages of the family to facilitate understanding of family change. • Implement strategies for changing disruptive interaction styles to strengthen family cohesion. • Identify separation issues in parent-child relationship to promote age-appropriate individuation. • Identify transitional issues in parent-child relationship to promote age-appropriate differentiation. • Mediate conflict regarding couple's parenting styles to effect consistency in child's environment. • Provide information and resources to parents regarding growth and development of children to increase understanding of child's needs and progress. • Model adaptive methods for relating to peers and siblings to improve child's social functioning. • Identify differences in multigenerational acculturation to determine source of value conflicts between family members.	• Knowledge of behaviors or reactions that indicate problematic separation or attachment issues. • Knowledge of how cultural, racial, and ethnic values and beliefs affect behavior and expectations of family on family members • Knowledge of the effect of conflicting or inconsistent parenting styles on child's level of functioning. • Knowledge of methods for identifying interconnections and interdependence within social systems. • Knowledge of the impact of the family's communication and interactional styles on the family members interpersonal dynamics and relationships. • Knowledge of parenting skills necessary to provide for care of children. • Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in family groups.

F. Therapy for Families *(continued)*

TASKS	KNOWLEDGE OF:
• Provide family therapy to achieve reunification goals. • Apply family treatment strategies to strengthen parent/child relationships to minimize effect of separation or divorce. • Develop family reunification goals by identifying changes that must be made to improve family functioning. • Assist clients to clarify family roles to facilitate adjustment to new blended and/or nontraditional family structure. • Provide psychosocial information to families regarding environmental and biological components that impact development. • Identify patterns of interaction among family members to determine sources of conflict. • Identify family of origin influences to understand impact on present family functioning. • Identify family structure to clarify roles and boundaries of the family unit.	• Knowledge of the impact of cultural views regarding family structure and values. • Knowledge of the aspects of interpersonal relationships that result in problems or conflicts within family groups. • Knowledge of therapy techniques to strengthen or reestablish family roles. • Knowledge of behavioral and emotional responses of family members resulting from parental separation or divorce. • Knowledge of the effect of differences in multigenerational acculturation on family structure and values. • Knowledge of techniques to identify multigenerational transmission of patterns and interactions that impact client functioning. • Knowledge of techniques to educate children regarding the relationship between behavior and consequences. • Knowledge of the implications of family history for understanding its influence on current family functioning. • Knowledge of techniques to identify and clarify roles and expectations in blended family structures. • Knowledge of different types of supportive services to strengthen family system. • Knowledge of therapeutic interventions to improve family transactions. • Knowledge of therapeutic techniques to increase individuation within existing system structures. • Knowledge of the stages of developmental changes that occur within the family system. • Knowledge of group process methods for improving patterns of communication between family members. • Knowledge of the concept of feedback as it relates to the adjustment of a system. • Knowledge of the family life cycle that results in transitions and changes in status. • Knowledge of techniques to identify different power bases within family structure. • Knowledge of the concept of homeostasis in maintaining system structure and balance of power.

G. Managing the Therapeutic Process

TASKS	KNOWLEDGE OF:
• Identify cultural help-seeking behaviors to understand ways by which client presents with psychological or physical problems. • Provide unconditional positive regard by demonstrating genuine acceptance to assist client to develop a positive sense of self-worth. • Implement strategies to address language barriers to facilitate client expression and understanding. • Establish a supportive environment by providing unconditional positive regard toward client. • Identify client and therapist values that impact the therapeutic process to direct the treatment approach. • Identify countertransference to modulate impact on the therapeutic process. • Implement strategies for facilitating client's identification of own strengths to support own ability to achieve treatment goals. • Implement strategies for incorporating aspects of client's belief system into therapy to minimize barriers. • Implement strategies for establishing and maintaining the therapeutic alliance during the course of treatment. • Implement strategies to facilitate client's awareness of the relationship between self-esteem and current functions. • Establish therapeutic alliance to assist client engagement in therapy.	• Knowledge of the effect of unconditional positive regard in facilitating therapeutic effectiveness. • Knowledge of the concept of countertransference as therapist's reactions and feelings in response to client's therapeutic issues. • Knowledge of the concept of transference as an expression of unresolved issues. • Knowledge of techniques for conveying empathy, interest, and concern within therapeutic context. • Knowledge of methods and techniques for addressing the communication needs of clients with communication-related disabilities and/or English language communication needs. • Knowledge of the stages of the client/therapist relationship and how it progresses over time. • Knowledge of techniques for establishing a therapeutic framework with diverse populations. • Knowledge of techniques to promote client engagement in therapeutic process. • Knowledge of methods and techniques for increasing client's acceptance of self as the agent of change in therapy. • Knowledge of the effect of differences between therapist and client's values on therapy process. • Knowledge of the relationship between client sense of self-worth and client functioning. • Knowledge of techniques for incorporating therapeutic use of self to maximize therapeutic alliance.

VI. Legal Mandates (5%) – This area assesses the candidate's ability to identify and apply legal mandates to clinical practice.

A. Protective Issues / Mandated Reporting

TASKS	KNOWLEDGE OF:
• Report known or suspected abuse of a dependent adult client to initiate investigation by protective authorities. • Evaluate whether client, if due to mental illness, is a danger to self or others, or is gravely disabled, to initiate protective involuntary hospitalization.	• Knowledge of criteria for determining abuse, neglect, or exploitation of dependent adults. • Knowledge of laws regarding privileged communication to protect client's rights and privacy. • Knowledge of laws regarding payment or acceptance of money for referral of services.

A. Protective Issues / Mandated Reporting *(continued)*

TASKS	KNOWLEDGE OF:
• Evaluate client and the content of therapy to identify holder of privilege. • Report known or suspected abuse or neglect of a child to initiate investigation by protective authorities. • Maintain client confidentiality by complying with legal guidelines regarding disclosure of privileged communication.	• Knowledge of reporting requirements regarding duty to warn when client indicates intent to harm others. • Knowledge of components of a child abuse investigation interview. • Knowledge of legal criteria for assessing grave disability of client to establish need for food, shelter, or clothing. • Knowledge of laws regarding holder of privilege. • Knowledge of legal requirements regarding the mandatory and discretionary reporting of suspected or known abuse. • Knowledge of legal requirements for disclosing confidential material to other individuals, agencies, or authorities.

B. Professional Conduct

TASKS	KNOWLEDGE OF:
• Maintain boundaries with client by adhering to legal guidelines regarding sexual relations. • Implement therapeutic techniques congruent with professional competence to provide services within scope of practice. • Obtain client's written permission to disclose privileged information to protect client's right to privacy. • Maintain client records in accordance with state and federal regulations. • Provide "Professional Therapy Never Involves Sex" brochure to client when client discloses allegations of sexual misconduct in previous therapy. • Disclose fees or the basis on which fees are computed for services to client prior to starting therapy.	• Knowledge of laws which define the boundaries and scope of clinical practice. • Knowledge of laws regarding disclosing fees for professional services. • Knowledge of laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations. • Knowledge of laws regarding sexual misconduct between therapist and client.

VII. Ethical Standards for Professional Conduct (6%) – This area assesses the candidate's ability to identify and apply ethical standards to clinical practice.

TASKS	KNOWLEDGE OF:
• Provide client with reasonable notification and referral resources when treatment must be interrupted or terminated. • Disclose exceptions to confidentiality to inform client of limitations of privileged communication.	• Knowledge of methods and conditions for communicating to client about acceptance of money or other payments for referral of services. • Knowledge of criteria for determining competency to practice.

VII. Ethical Standards for Professional Conduct *(continued)*

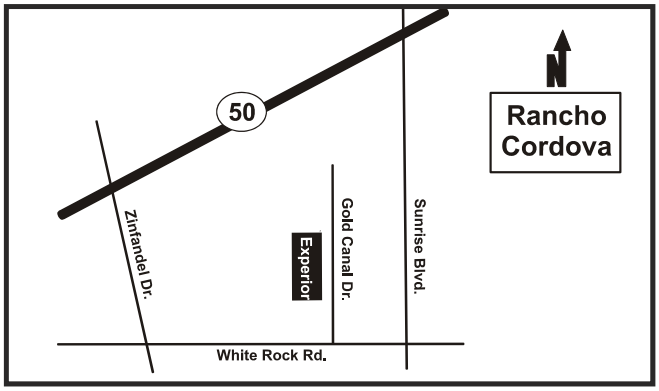
TASKS	KNOWLEDGE OF:
• Provide client with office policies, emergency procedures, and contact information to establish ground rules for the therapeutic relationship. • Seek consultation before countertransference issues interfere with treatment. • Collaborate with other professionals when issues arise outside the therapist's expertise. • Identify clinical issues outside therapist's experience or competence to refer to other professionals for treatment. • Provide client with information regarding extent and nature of services available to facilitate client's ability to make educated decisions regarding treatment. • Identify personal issues that interfere with provision of therapy that require consultation with or referral to other professionals. • Demonstrate professional competence by providing information to client regarding education, professional qualifications, and professional affiliations. • Implement policies and therapeutic procedures that enhance client's self-determination by providing services regardless of client's race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation, or level of ability. • Maintain awareness of impropriety involving the offer, solicitation, or acceptance of money or other consideration for referral of services to avoid negatively impacting the therapeutic relationship. • Bill for services within the structure of the "fees for service" communicated to client prior to initiating treatment. • Identify own physical or cognitive impairments to determine impact on ability to provide professional services. • Maintain clear and professional boundaries with client to prevent dual/personal relationship that could negatively impact the therapeutic relationship.	• Knowledge of methods and conditions for disclosing fees for professional services. • Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship. • Knowledge of therapist issues and conflicts that interfere with the therapeutic process. • Knowledge of ethical responsibility to provide client with information regarding therapeutic process and services. • Knowledge of the limits of confidentiality within the therapeutic framework. • Knowledge of ethical considerations and conditions for interrupting or terminating treatment. • Knowledge of limitations of professional experience, education, and training to determine issues outside therapeutic competence. • Knowledge of methods and conditions for disclosing confidential material to other individuals, agencies, or authorities. • Knowledge of ethical standards for providing services congruent with client's race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation, or level of ability. • Knowledge of ethical responsibility to disclose limits of confidentiality to inform client of reporting requirements.

CALIFORNIA TESTING CENTERS

If you are unfamiliar with the area, please contact the testing center during testing hours for directions. Please direct registration, scheduling and any other questions to Thomson Prometric at 800.897.2046. **MAPS ARE NOT DRAWN TO SCALE**

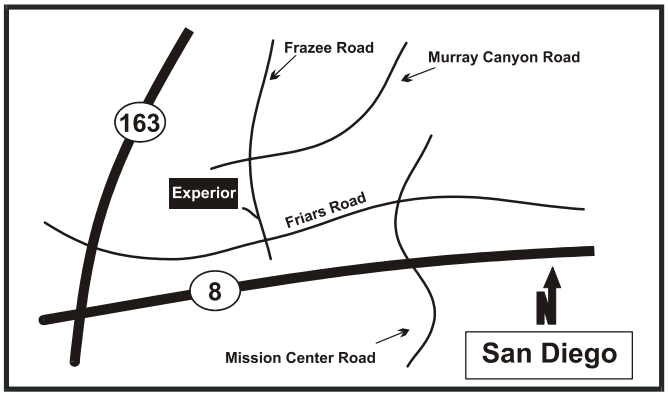
Rancho Cordova Center
3110 Gold Canal Drive, Suite E
Rancho Cordova, CA 95670
Phone: 916.851.8340

From Hwy 50, take either the Sunrise Blvd. or Zinfandel Dr. exit and head south. Turn on White Rock Rd. and turn again onto Gold Canal Dr. The Thomson Prometric testing center is on your left. Turn into the first driveway on your left to park in front of the building. Additional parking is available around the building.



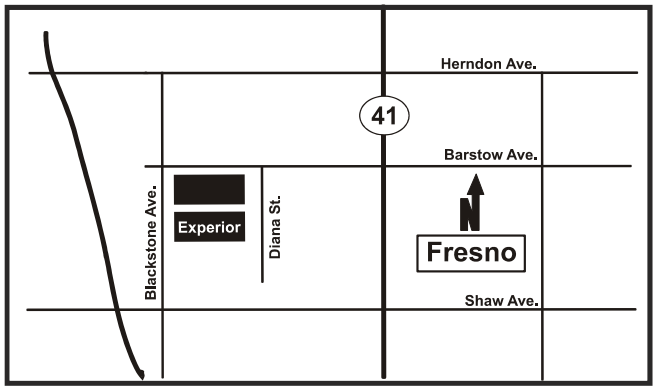
San Diego Center
1450 Frazee Road, Suite 410
San Diego, CA 92108
Phone: 619.574.1840

From Highway 163, take the Friars Road exit east to Frazee Road. Turn left (north) on Frazee Road. The Thomson Prometric testing center is in the building on your left. Parking is available all around the building.



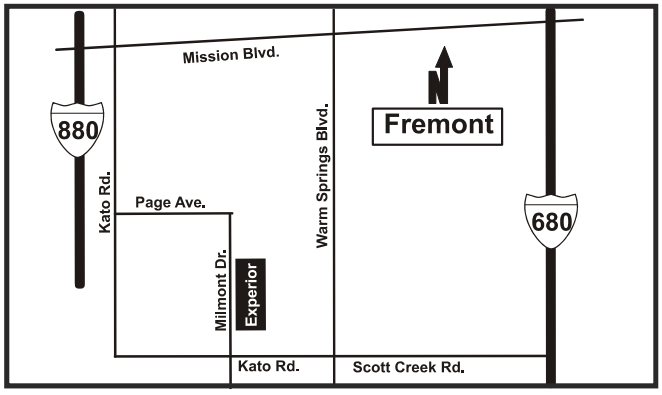
Fresno Center
125 E. Barstow Avenue, Suite 136
Fresno, CA 93710
Phone: 559.226.3334

From Hwy 41, exit west on Shaw; turn right (north) on Blackstone. From northbound I-99, exit east on Shaw; turn left (north) on Blackstone. Turn right (east) on Barstow. At 125 E. Barstow, turn right on Diana, and then right into the parking area. The Thomson Prometric testing center is located in the second building from Barstow. Parking is available around the building.



Fremont Center
48860 Milmont Drive, Suite 103C
Fremont, CA 94538
Phone: 510.687.0821

From I-880, take the Mission Blvd. exit and head east; turn right (south) on Warm Springs Blvd., right again on Kato Rd. and right again on Milmont Dr. From I-680, take the Scott Creek Rd. exit and head west; Scott Creek Rd. becomes Kato Rd.; turn right on Milmont Dr. The Thomson Prometric testing center is on your right. Parking is available around the building.

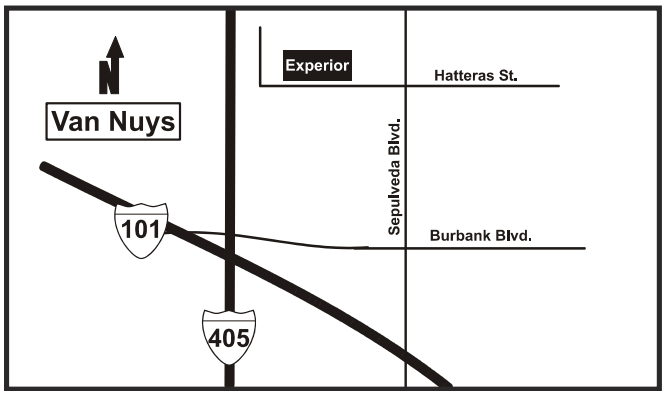


CALIFORNIA TESTING CENTERS (cont.)

MAPS ARE NOT DRAWN TO SCALE

Van Nuys Center
John Laing Holmes Building
5805 Sepulveda Blvd., Suite 601
Van Nuys, CA 91411
Phone: 818.781.9981

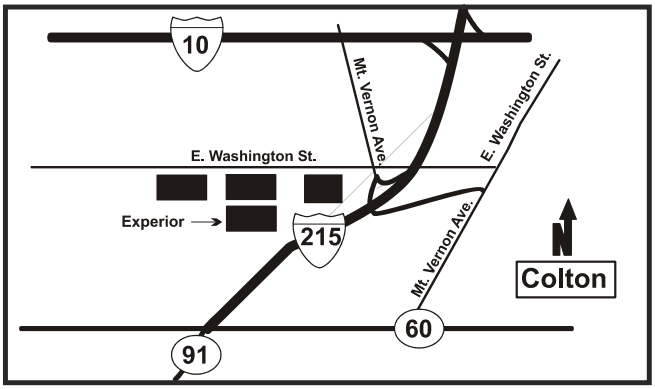
From I-405, take the Burbank Blvd exit and head east; turn left (north) on Sepulveda Blvd. The Thomson



Prometric testing center is located at the intersection of Sepulveda and Hatteras. Paid parking is available in the lot; free parking may be available on the street.

Colton Center
Rancho Las Palomas
1060 E. Washington Street, Suite 110
Colton, CA 92324
Phone: 909.783.2255

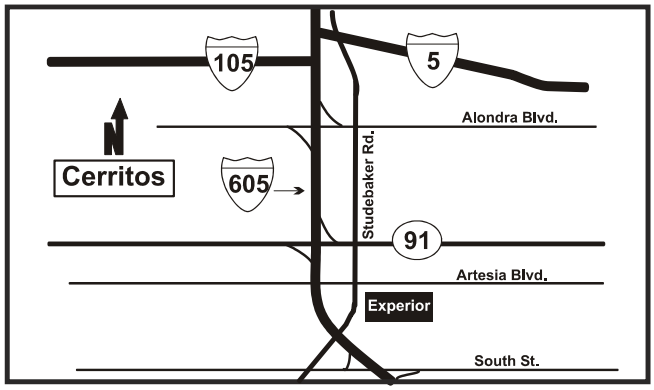
From I-215, take the Mt. Vernon Ave. exit; head west on E. Washington St.. The Thomson Prometric testing center will be on your left, in the two-story Rancho Las Palomas building behind Del Taco. Parking is available around the building.



Cerritos Center
Caremore Building
18000 Studebaker Road, Suite 680
Cerritos, CA 90703
Phone: 562.860.1748

From I-605 South, take the Alondra Blvd exit, turn left (east) on Alondra Blvd and right (south) on Studebaker.

From I-605 North, take the South Street exit; turn left (west) on South St. and right on Studebaker. Parking is available around the building.

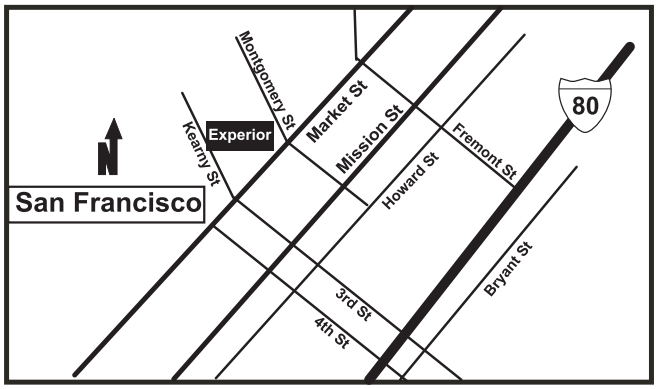


San Francisco Area Center
222 Kearny Street, Suite 603
San Francisco, CA 94108
Phone: 415.834.1357

From I-80 heading south, take the Fremont Street exit and turn left. At the first intersection, turn left onto Howard Street. Turn right onto 3rd Street, which becomes Kearny Street. Thomson Prometric is on the right-hand side of the road.

From I-80 heading north, take the 4th Street exit toward Embarcadero. Turn a slight left onto Bryant Street, then left onto 3rd Street. 3rd Street becomes Kearny Street. Thomson Prometric is on the right-hand side of the road.

Parking is available nearby. Please be prepared to pay for your parking. The nearest BART location is at the intersection of Montgomery Street ant Market Street. The building is also accessible by MUNI.



BOARD OF BEHAVIORAL SCIENCES
1625 NORTH MARKET BLVD., SUITE S200
SACRAMENTO, CA 95834
TELEPHONE: 916.574-7830 TDD: 916.322.1700

STATE OF CALIFORNIA

NOTICE OF ELIGIBILITY

(N-36 REV 12/05)

You are eligible to participate in the Standard Written examination for licensure as a Licensed Clinical Social Worker. This is the ONLY notice of eligibility you will receive from the BBS for this examination. Please retain it for your records. Your address label below contains important date information. In the upper left corner of the address label (above your name) is the date your application for examination was approved; following that is the date by which you must take your examination. **You must take the Standard Written examination by the date specified on the label or you will be required to reapply** (see *Abandonment of Application/Ineligibility* on Page 6 of this handbook).

This handbook provides important information regarding Standard Written examination procedures and content. To schedule your examination, please refer to the instructions in this handbook. Schedule your examination early to get your preferred test center location and date, preferably within 90 calendar days of your eligibility date.

Upon passing the Standard Written examination, you are eligible to apply to take the Written Clinical Vignette examination. Please refer to Page 7 of this handbook for Written Clinical Vignette examination information.

FIRST CLASS MAIL

State of California
Board of Behavioral Sciences

M e m o r a n d u m

To:	Communications Committee	**Date:**	June 20, 2006
From:	Mona C. Maggio Assistant Executive Officer	**Telephone:**	(916) 574-7841

Subject: Agenda Item VI – Review and Discuss Chart That Defines Hours Needed for Examination Eligibility

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At the March 29, 2006 meeting the Committee discussed that there is some confusion surrounding the experience hours required for examination eligibility. Many questions received by Board staff via telephone, email, and at the student presentations are about gaining the experience hours for examination eligibility. The Committee directed staff to create a chart that would define hours of experience required for both Marriage and Family Therapist (MFT) and Licensed Clinical Social Worker (LCSW) licensure candidates.

At today's meeting, the Committee is asked to review the attached charts and provide feedback to staff. Once the charts are finalized they will be included in the Student Handbook that is currently being drafted, included with intern and registrant applications, and posted to the Board's Web site.

Attachments

A. MFT Experience Chart
B. LCSW Experience Chart

ATTACHMENT A

MFT Experience

	EXPERIENCE TYPE	ALLOWED PRE-DEGREE?	ALLOWED POST-DEGREE?	MINIMUMS AND MAXIMUMS	NOTES
Clinical Experience	1. Individual Counseling or Psychotherapy (performed by you)	Yes	Yes	No Minimum or Maximum	No pre- or post-degree hours are required performing individual psychotherapy, though many people gain hundreds of hours in this area due to the limitations of other categories.
	2. Couples, Family and Child Psychotherapy (performed by you)	Yes	Yes	Minimum 500 hours REQUIRED	May be completed pre- or post-degree or a combination of both.
	3. Group Therapy or Counseling (performed by you)	Yes	Yes	Maximum 500 hours	May be completed pre- or post-degree or a combination of both.
	4. Telephone Counseling (performed by you)	Yes	Yes	Maximum 250 hours	May be completed pre- or post-degree or a combination of both.
	NOTE ABOUT PRE-DEGREE EXPERIENCE: A minimum of 150 total hours of experience from categories 1, 2 and 3 above are required pre-degree. A maximum of 750 hours of clinical experience, including direct supervisor contact, can be counted pre-degree. **EXAMPLE:** A trainee earns 625 hours of clinical experience comprising a combination of categories 1, 2, 3, and 4. In addition, the trainee earns 125 hours of individual supervision pre-degree.				
Supervision	5. Supervision, One-on-One	Yes	Yes	Minimum 52 Hours	May be completed pre- or post-degree or a combination of both. Note: These may be non-consecutive weeks.
	6. Supervision, Group Not more than eight (8) supervisees in the group	Yes	Yes	No Minimum or Maximum	No pre- or post-degree hours are required to be completed in this area.
	NOTE: A TOTAL MINIMUM of 104 hours of supervision is required. Interns and trainees are required to have a minimum of one (1) hour of individual supervision, OR two (2) hours of group supervision for each week in which experience is claimed for each work setting. A maximum of five (5) hours of supervision may be credited per week.				
	Supervision RATIOS Required for Clinical Experience: ***Ratio:*** *Hours of Clinical Experience to Units* of Supervision* *One unit of supervision is equal to one (1) hour of individual or two (2) hours of group supervision.	**Pre-Degree** *5 to 1* Required	**Post-Degree** *10 to 1* Required		Trainees are required to have a minimum of one hour of direct supervisor contact for every five (5) hours of client contact in each setting. Interns are required to have a minimum of one hour of direct supervisor contact for every ten (10) hours of client contact in each setting. These ratios can be calculated based on the average number of hours gained over the entire period of time an intern or trainee works in a particular setting (see example below).
	EXAMPLE: An intern receives 11 hours of clinical experience and 2 hours of group supervision (one unit of supervision) the first week, 13 hours of clinical experience and 1 hour of individual supervision (one unit of supervision) the second week, and 16 hours of clinical experience and 4 hours of group supervision (two units of supervision) the third week. This totals 40 hours of clinical experience and 4 units of supervision. The intern has met the required supervision ratio because she has an average, over the three-week period, of 10 hours of clinical experience for every 1 unit of supervision.				

	EXPERIENCE TYPE	ALLOWED PRE-DEGREE?	ALLOWED POST-DEGREE?	MINIMUMS AND MAXIMUMS	NOTES
Miscellaneous	7. Attending Workshops, Seminars, Training Sessions or Conferences	Yes	Yes	Maximum 250 hours	May be completed pre- or post-degree or a combination of both.
	8. Psychotherapy (received by you)	Yes	Yes	Maximum 100 hours X 3	Up to 100 hours may be earned. These hours are triple-counted by the Board. Hours may be completed pre- or post-degree or a combination of both.
	9. Administering and Evaluating Psychological Tests of Counselees, Writing Clinical Reports, Writing Progress Notes, or Writing Process Notes	NO	Yes	Maximum 250 hours	May be completed post-degree only.
TOTALS	**Weeks of Experience REQUIRED**			**Minimum 104 weeks**	
	Total Hours of Experience REQUIRED			**Maximum 1,300 hours PRE-DEGREE** **Minimum 1,700 hours POST-DEGREE** **Minimum 3,000 hours TOTAL**	1,300 hours of pre-degree experience = 750 clinical experience and supervision hours + 250 workshops, seminars, etc. hours + (100 hours X 3) personal psychotherapy

ATTACHMENT B

LCSW Experience

EXPERIENCE TYPE	MINIMUMS AND MAXIMUMS	NOTES
▪ Clinical psychosocial diagnosis ▪ Assessment ▪ Treatment ▪ Psychotherapy ▪ Counseling	Minimum 2,000 hours REQUIRED Minimum 750 hours of performing face-to-face individual or group psychotherapy is REQUIRED as part of this 2,000 hours	One hour of direct supervisor contact* is required for any week in which more than 10 hours of face-to-face psychotherapy is performed for each setting in which experience is gained.
▪ Client-centered advocacy ▪ Consultation ▪ Evaluation ▪ Research	Maximum 1,200 hours allowed	
▪ Supervision, Individual	Minimum 52 weeks REQUIRED, 13 of which must be supervised by a LCSW	One hour of direct supervisor contact* is required for a minimum of 104 weeks. No more than five hours of supervision may be credited during any single week.
▪ Supervision, Group (not more than eight (8) supervisees in the group)	No minimum or maximum	
Total Weeks of Experience REQUIRED	**Minimum 104 weeks**	
Total Hours REQUIRED	**Minimum 3,200 hours****	Maximum of 40 hours experience may be credited for any week.

* One hour of direct supervisor contact means one hour of individual supervision or two hours of group supervision
** A minimum of 1,700 hours must be gained under the supervision of a LCSW
NOTE: All hours of experience for licensure must be gained post-degree.

State of California
Board of Behavioral Sciences

M e m o r a n d u m

To:	Communications Committee	**Date:**	June 20, 2006
From:	Mona C. Maggio Assistant Executive Officer	**Telephone:**	(916) 574-7841

Subject: Agenda Item VII - Discuss Future Agenda Topics

At its January 20, 2006 meeting, the Communication Committee established the following meeting dates and tentative meeting locations:

September 27, 2006 – Southern California
January 17, 2007 – Sacramento

At this time the Committee and audience members may suggest future agenda items for consideration.